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ABSTRACT

A project was conducted in Iowa to develop educational programs for older adults who were not institutionalized. Focus of the activity was on sites that held community meals for the aging on a daily basis. Those who attended were targeted for after-dinner educational programs. A survey was taken of the interests of the senior citizens attending the centers; as a result, eight teaching units were prepared and distributed to the meal centers for use by teachers in a variety of ways. Appendices include a series of press releases on these subjects and a composite of evaluations of programs by participants. Student materials, including notes for the instructor, cover the following topics: health insurance for retirement-age individuals, cholesterol, keeping healthy, cooking for one or two, living off Social Security, high blood pressure, high blood pressure and a salt restricted diet, and diabetes. (KC)

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ED246231

FY '83
310 Project Final Report

Northwest Iowa Technical College

Continued Development and Dissemination of Materials for Serving Senior Adults

(A Continuation of an FY'82 Project Entitled "Identification of Education Needs and Development of Materials for Serving Senior Adults.")

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CE 039 245

310 PROJECT FINAL REPORT FY '83

Date July 14, 1983

Submitted to:

Adult Education Section
Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319

Project Title:

Continued Development and Dissemination of Materials for Serving Senior Adults

(A continuation of an FY'82 project entitled "Identification of Education Needs and Development of Materials for Serving Senior Adults.")

Submitted by:
(Institution)

Northwest Iowa Technical College
Highway 18 West
Sheldon, IA 51201

Project Director:

Kathy Brock

NEED AS IDENTIFIED FOR INITIATION OF PROJECT

IN DIRECTING THE ADULT BASIC EDUCATION PROGRAM TO REACH OUT AND EFFECTIVELY SERVE THE NEEDS OF ALL POPULATIONS, ESPECIALLY THOSE WHO ARE BEING UNDERSERVED, ONE GROUP THAT DESERVES CONSIDERATION IS THE OLDER POPULATION, PARTICULARLY THE NON-INSTITUTIONALIZED. A NEED EXISTS FOR A CONCENTRATED EFFORT TO REACH OUT TO THESE INDIVIDUALS WITH ABE PROGRAMS.

Senior Adults Compose a Significant Portion of the Populations

Senior Adults number 350,295[1] among Iowa's total population of 2,825,041[2]. This represents 12.4% of Iowa's residents. A look at our local area shows that 19.3% of the population is 60 years of age and over.[3]

Senior Adults are not Being Significantly Served by ABE

A review of state ABE records for FY 1980 shows that of 38,835 total individuals served by Adult Basic Education and High School Completion programs in Iowa only 3,626[4] were 65 years of age or older. This represents 9% of the ABE enrollments.

Past Efforts have not Succeeded in Reaching the Non-Institutionalized Senior Adult

Another point that deserves thought is the percentage of older adults who are being served who are in programs especially designed for the institutionalized. I wish to hypothesize that the senior adult population out in the community is significantly lacking in ABE programming and that it is the institutionalized senior adults who we have succeeded in reaching. Data to check this hypothesis is not available on a statewide basis as data on institutionalized students is not broken out by age groups on any reports submitted by local programs to the state.

This data is available on a local basis by reviewing enrollment and class reports.

In FY 80 our local program served 51 individuals 65 years of age and over. All 51 individuals were in institutionalized programs. Even looking at the 45-64 year age group we discovered that 24 of the 49 students were institutionalized, 15 were refugees in an ESL program, and only 10 were members from the more typical senior population living in Iowa.

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[1] 1970 Data on These 64 Year Olds and Older, 1980 Statistical Profile of Iowa.

[2] 1970 Statistics from 1979-80 Iowa Official Register.

[3] Elderly Population Estimates by County 1976, Published by National Clearing House on Aging.

[4] Composite of FY 80 AE-12 HSC's.

This data shows a great need for ABE programming for non-institutionalized senior adults in our local area. It also suggests the possibility of a similar need statewide.* (Appendix A)

Efforts for Meeting the Education Needs of Senior Adults

Past efforts have been initiated to establish ABE programs for senior adults in our local area. Unfortunately these efforts have been met with a negative response. Senior adults are a very unique group to work with, they have a definite mind of their own and often engrained in their thinking is the concept of being too old to learn. They also have been away from the structure of a classroom for many years (if they were ever there in the first place).

This same segment of our population does not deny a lack of interest or a lack of needs for continuing information; but as independent individuals, do not tend to seek an established program.

IN AN ATTEMPT TO REACH OUT TO SENIOR ADULTS IN GENERAL AND SPECIFICALLY THOSE WHO ARE NOT INSTITUTIONALIZED, IT IS OUR DESIRE TO UNDERTAKE A TOPICAL RATHER THAN A PROGRAMMATIC APPROACH IN A VARIETY OF FORMATS ON TOPICS SELECTED BY SENIORS THEMSELVES.

*Appendix A - Data which has become available since the start of the project which continues to support needs as originally identified.

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
1. Identify areas of self-felt educational need and interest among non-institutionalized senior adults.	1A. Develop a prioritized list of topic areas of interest among senior adults.	1a. Conduct an interest survey at all dinner date sites in Area IV.	In conducting activities aimed at the obtainment of the first goal we find that the very first step which was taken was the establishment of an advisory committee. Membership included dinner date site managers, a representative from an OEO agency, instructors who were to work with the project, and a number of senior citizens. For a complete list of the 310 Advisory Committee see Appendix B. The advisory committee meeting was spent in reviewing the proposal with the majority of time being spent on the development of an interest survey. Appendix C shows the form used to initiate discussion at this meeting regarding the survey. Appendix D contains the actual form used to survey senior citizens in Area IV. This interest survey was taken to all dinner date sites in Area IV as well as the Meals on Wheels programs. Much information was obtained regarding interest of seniors from the data obtained at dinner date sites. The response from Meals on Wheels was scant. The non-familiarity and non-commitment of the various volunteer drivers to our project may have been a contributing factor in the size of the responses. Appendix E contains a composite of the surveys. The results were tallied by site so we could later use this information to determine which sites had the greatest interest in a given program. Appendix F presents a prioritized list of interest areas as obtained from the surveys. Using that list our second objective was to select eight high priority areas for program development. During the project 11 high
	1B. Identify and select eight high priority areas for program development.	1b. Reach possible shut-ins to obtain their opinions through coordinated efforts with either Meals on Wheels or the Area Agency on Aging Newsletter the "Advocate".	
		1c. Establish an advisory committee, consisting of senior adults, Area Agency on Aging Personnel and staff involved with the instruction of classes for senior adults who will review survey information and provide input into selection of the eight topical areas.	

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
			priority areas were selected, resulting in the development of nine units. In two cases topics closely related were combined into one unit.
2. Develop educational materials on topics relevant to senior adults.	2A. Develop educational materials on the eight topic areas identified under project.	2a. On each of the selected topics the following will be developed: 1. 15 minute teaching unit. (A packet of materials which can serve as a guide for dinner date site managers or others doing short programs.) 2. A 1-2 hour teaching unit. (A packet of material which can be used by individuals wishing to instruct a class for senior adults.) 3. A newsletter format. (Information in a form that can either be sent directly to the home of the person or in a form which can be an added feature of an already existing newspaper.	Topics which were addressed as a result of survey results are: High Blood Pressure - How to Deal with It Living Off Social Security/A Limited Income A Salt Restricted Diet Cooking for 1 or 2 Keeping Healthy Supplemental Health Insurance Diabetes Cholesterol Weight Control Each topic was developed into a totally prepared unit which could be a one or two hour presentation. Units were written with subsections which could be pulled out of the total unit and possibly be presented by dinner date site managers or others doing short programs. Although the original proposal specified a fifteen minute teaching unit and a one to two hour teaching unit we have come up with a set of material which could be used for a great variety of length programs ranging from five minutes to several hours depending upon the material covered and the teaching style of the presenter.

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
		4. A videotape. (A presentation of a program which can be aired over a local cable TV station either independently or as part of an eight part series.	Units were then rewritten in a press release format (Appendix G) which could be used in a newsletter or newspaper. Each topic is broken down into several articles which could be run as a part of a series or the given article could stand alone. These articles could serve several purposes. A single article could be run for promotion purposes stating that more information on the topic could be obtained by attending an upcoming program. The articles could be run several months after a program simply to reinforce the information. It could also provide a means of providing information to shut-ins. The ideas of video taping the presentations and showing them over cable TV had been included because of past comments from dinner date site managers on how a number of senior adults rush home from dinner date to watch TV rather than staying for programming. This component of program delivery was questioned by several advisory committee members as they questioned how many senior citizens subscribed to cable. An informal show of hands at dinner date sites when the survey was given showed that very very few of these individuals had cable. The time and cost of this particular delivery method as compared to the few number of the target population it might possibly reach resulted in cable TV being eliminated as an activity under this proposal. A suggestion was made by an advisory committee member that local radio shows be taken advantage of. Therefore, the radio will replace TV as a form of media.

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
			The press release format which was written for the newspapers can also be used as the script for such a radio brief. WARNING - Several units covered timely information, such as social security or medicare data. Although accurate when written anyone using this material should have data double checked by an appropriate individual in their area to confirm whether all data is currently accurate.
3. Provide programming to senior adults.	3A. To offer programming on the eight developed topics attempting to reach a minimum of 100 individuals with each topic area.	3a. Contact all dinner date sites in local area to schedule possible programs. 3b. Contact all senior citizens groups in local area to schedule possible programs. 3c. Contact local cable TV to arrange schedule for the airing of video tapes. (Initial support from this business has been obtained.) 3d. Seek at least one local paper who would be willing to run an eight week series.	Information regarding the location of congregate meal sites and their managers was obtained from the Area Agency on Aging. There are 12 locations within the local area being served congregate meals. Ten of the 12 sites have had programs already offered to their participants. (Appendix H - Map Showing Distribution of Sites where Programming has been Offered to Seniors.) Of the two sites which have not had programming, one is a satellite in the extreme corner of the area serving a very small number and the other is a newly formed satellite where friction exists between the Senior Club who has the building and the Area Agency who has the meal. It was felt it was definitely best to wait and contact this site at a later date. The last unit which was developed has not been presented to date. The only reason for this is that its development was just completed. It will be offered to area seniors by the Adult Education Program. One local paper has agreed to run the press release series. As the major emphasis to date has been the development of material for the

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
		3e. Through assistance from the local Area Agency on Aging, Social Service, and OEO offices establish a mailing to reach possible shut-ins with a newsletter.	presentation of programs, these are further activities which will be conducted outside of the project to maximize the use that can be made of the material. (Specifically, the press release articles.)
4. The major purpose of the second year of the project is the completion and dissemination of materials on topics of interest to senior adults.	4A. Provide ABE Coordinators with information regarding programming for senior adults.	4a. Each coordinator will receive a report on the project, including a possible survey which could be used to determine interests within their local area, as well as the results of the survey in Area IV which might provide a general indication of what could be done in their local area.	Each ABE Coordinator in the state received a box of materials on programming for senior adults. Included in the materials they received are the following items: The original proposal. A copy of a possible survey which could be used to determine interest within their local area. Results of the survey in Area IV. Teaching methods for working with seniors (Appendix I). A complete set of teaching units. Extra resource material which might serve as further information for the presenter. A complete set of the news releases over the topics. One filmstrip.
	4B. Dissemination to each Area School materials for units on selected topics.	4b. Each area school will receive a complete set which includes the teaching units developed on each of the topics, extra resource materials which might serve as further information for the presentor, and a copy of all other formats used for presenting this information to senior adults.	

GOALS	OBJECTIVES	ACTIVITIES SPECIFIED IN ORIGINAL PROPOSAL	ACTIVITIES CONDUCTED UNDER PROJECT
	4C. Provide training to instructors interested in working with senior adults.	4c. Contact all ABE Coordinators to determine interest in having instructors attend a workshop on the providing of programs to senior adults. Two formats will be considered. Two day long workshops within the state where the 310 project would pick up allowable expenses or attendance at a local workshop. In this case the local school would pick up expenses for individuals in attendance, however, 310 project could provide all in attendance with copies of units. In this case the program would possibly be only one to two hours in length.	Each area school was contacted to determine interest in having instructors attend a workshop on the providing of programming to senior adults. Workshops were held as follows: (Appendix J - Workshop Agenda) Date — Location March 16, 1983 — Spencer May 23, 1983 — Ottumwa March 25, 1983 — Mason City March 25, 1983 — Waterloo April 13, 1983 — Council Bluffs May 23, 1983 — Burlington

Impact

It was the goal of this project to develop eight programs which could be presented to a minimum of 100 individuals in the local area. Nine units were developed and seven have been presented in the area to date. The below list of programs followed by the total number of participants attending the programs indicates a successful venture in reaching local seniors.

Program	Number of Participants
Cooking for 1 or 2	333
Salt Restricted Diet	152
Medicare and Supplemental Insurance	326
High Blood Pressure-How to Deal with It	280
Cholesterol	256
Home Safety and Exercise	152
Keeping Healthy	93

This program will not stop at the completion of this project year. Activities will continue under either the ABE or Consumer and Homemaking Program.

Having been successful in increasing educational opportunities for seniors locally, this project was to disseminate material to the other ABE programs in Iowa. All area schools in Iowa received a copy of developed materials. Eighty-six individuals from 12 of the 15 area schools in Iowa also attended one of the six workshops conducted by this project. A map in Appendix K illustrates the distribution of individuals in Iowa who attended this training. These individuals represented not only ABE coordinators and instructors but also home economics coordinators and teachers, health coordinators and teachers, Area Agency on Aging personnel, public health, and homemaker-home health aides. It could be assumed that combined these groups should have a tremendous impact on reaching seniors.

Since the workshops have been held, requests for materials have been received from an Area Agency on Aging and an ISU adult education graduate student. Northwest Iowa public health nurses have also requested a fall workshop on presenting of programs to seniors.

Evaluation

Drafts of the units were evaluated by teachers presenting the programs. The form used for the purpose is in Appendix L.

Seniors were asked to evaluate programs they attended. A composite of these evaluations in in Appendix M. Looking at all programs together and the basic question "Did you find this an enjoyable and worthwhile program?" we find 910 indicated yes and 16 no.

All participants at the teacher training workshops completed evaluations of the workshops. A composite of the evaluations from each individual workshop is in Appendix N. The evaluation of the workshop as a whole was: Excellent - 57; Good - 23; Average - 5; Fair - 0; and Poor - 0.

Summary

THIS PROJECT REACHED OUT TO SENIOR ADULTS, SPECIFICALLY THOSE WHO ARE NOT INSTITUTIONALIZED, PROVIDING THEM WITH INFORMATION ON TOPICS THEY IDENTIFIED AS BEING OF INTEREST. THE UNITS WHICH WERE DEVELOPED ON THOSE TOPICS WERE DEVELOPED IN A VARIETY OF FORMATS AND SHARED THROUGHOUT THE STATE OF IOWA.

APPENDIX A

SENIORS CONTINUE TO COMPRISE A SIGNIFICANT PORTION OF THE POPULATION.

Using 1980 Census Data:

Total Iowa Population - 2,913,808
Total Iowa Population 64 and Over - 387,482 or 13.3%

IN AREA IV THE PERCENT OF SENIOR ADULTS IS EVEN HIGHER THEN THE STATE AVERAGE.

	O'Brien	Osceola	Lyon	Cherokee	Sioux
Total Population	16,972	8,371	12,896	16,238	30,813
Population 64 & Over	2,985	1,441	1,971	2,538	3,906
Percent	17.6%	17.0%	15.0%	15.6%	12.7%

In FY 1982 there were 40,246 individuals enrolled in ABE in Iowa. 3,228 were 64 years of age and over. This is 8.02%

THE PERCENT OF SENIORS IN ABE IS NOT AT A RATE COMPARABLE TO THE PORTION OF THE POPULATION WHICH THEY COMPRISE.

IT WOULD BE LOGICAL TO QUESTION WHAT PORTION OF THESE INDIVIDUALS ARE IN PROGRAMS SPECIFICALLY ESTABLISHED FOR THE INSTITUTIONALIZED.

(Data from Area IV)
Excluding any activities presented under the 310 project we find 48 individuals 65 plus in ABE in FY 1983. Of these 48 individuals 1 was a refugee and the other 47 were in institutionalized programs. Looking at the 45-64 age group we find 39 individuals. Nine of these were refugees, 22 institutionalized and only eight were from the general public.

APPENDIX B

310 ADVISORY COMMITTEE

Barb Anderson
2108 14th Street
Rock Valley, IA 51247
Ph. 476-5543

Pauline Brink
Rural Route
Ocheyedan, IA 51354

Greg Anliker
Assistant Director
Iowa Lakes Area on Aging
2328 Highway Blvd.
Spencer, IA 51301
Ph. 262-5033

Jacque McCormick
Northwest Iowa Cable TV
327 9th
Sheldon, IA 51201
Ph. 324-5101

Grace Melvin
Mid-Sioux Opportunity Inc.
619 9th Street
Hawarden, IA 51023
Ph. 552-1724

Wayne Reed
Adult Education Director
Northwest Iowa Technical College
Sheldon, IA 51201
Ph. 324-2587

Margaret Schroeder
1620 19th Avenue
Rock Valley, IA 51247
Ph. 476-2513

Lin Sinclair
Consumer and Homemaking Instructor
312 4th Avenue
Charles City, IA 50616

Effie Wightman
Doon, IA 51235
Ph. 726-3106

Mary Ellen Sinclair
Rural Route 2
Rock Rapids, IA 51246
Ph. 472-2984

Donna Rush
Dinner Date Site Manager
1820 Grant
Sheldon, IA 51201
Ph. 324-3566

Marlys Schmidt
Dinner Date Site Manager
Rural Route 3, Box 10
Hawarden, IA 51023
Ph. (home) 552-2473
(work) 552-1358

APPENDIX C

SAMPLE SURVEY

Dear Senior Adult,

An eight part program on topics of interest will be developed specifically for senior citizens in Northwest Iowa. To make sure the topics are indeed of interest we need your help.

Below are some possible programs, place a check in front of any topic of interest to you.

_____ Nursing Home Insurance
_____ Cooking for 1 or 2
_____ Depression
_____ Others (Please Specify)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Underline the one or two topics above of most interest.

These eight programs will be prepared as a series of newsletters, which could be sent to an individual's home or printed in the local paper, as a program at a dinner date site or club meeting, and as a television show for those communities which have a local cable station.

Which form would you prefer? Place a "1" in front of your first choice, a "2" in front of your second choice, and a "3" in front of your third.

_____ Newsletter or Newspaper.
_____ Dinner Date or Club Meeting.
_____ Television Show.

(Optional)

NAME _____

ADDRESS _____

APPENDIX D

Dear Senior Adult,

Eight programs on topics of interest will be developed specifically for senior citizens in Northwest Iowa. To make sure the topics are indeed of interest we need your help.

Below are some possible programs, please place a check in front of any topic of interest to you.

_____ Budgeting
_____ Living Off Social Security
_____ Nursing Home Insurance
_____ Understanding Disability Insurance
_____ Understanding Cancer Insurance
_____ Understanding Health Insurance
_____ Understanding Life Insurance
_____ Insurance Fraud and Misrepresentation
_____ Energy-Understanding Your Utility Bill
_____ Understanding Senility
_____ Practical Look at Funerals
_____ Death and Dying
_____ Where to go for Help - Review of Agencies and Programs
_____ Cooking for a Soft Diet
_____ Safety in the Home
_____ Dangers of Dieting
_____ Nutrition
_____ Meal Planning
_____ Take Care of Yourself
_____ Keeping Healthy
_____ Drugs - Handle with Care
_____ High Blood Pressures - How to Deal with It
_____ Alcohol
_____ Relaxation - Don't Feel Guilty
_____ Be Good to Yourself
_____ Improving My Reading
_____ Understanding Money Management
_____ Saving and Investing
_____ Living on a Limited Income
_____ Creative Use of Garage Sales
_____ How to Save on Phone Bill
_____ Treasures in the Attic--Don't get Taken on Antiques
_____ Frauds -- Medical Cure-Alls
_____ Door-to-Door Salesmen
_____ Making Ends Meet
_____ Coping with Feelings
_____ Updating Wills
_____ Will, Deed, and Estates
_____ Fear of Death
_____ How to Use My Time
_____ Kitchen-Set up for Convenience
_____ Food Storage
_____ Cooking for 1 or 2
_____ Practical Dieting
_____ Diet - High Blood Pressure
_____ Low Salt or Salt Free Diets
_____ Updating Your Wardrobe on a Budget
_____ Generic Drugs
_____ How to Deal with Diabetes
_____ How to Quit Smoking
_____ Exercise and Physical Fitness
_____ First Aid
_____ Time and Energy Management
_____ Improving My Writing
_____ Improving My Math
_____ Other - _____

UNDERLINE THE ONE OR TWO TOPICS ABOVE OF MOST INTEREST.

These eight programs will be prepared as a series of newsletters, which could be sent to an individual's home or printed in the local paper, as a program at a dinner date site or club meeting, as a television show for those communities which have a local cable station, or as a radio show.

Which form would you prefer? Place a "1" in front of your first choice, a "2" in front of your second choice, and a "3" in front of your third.

_____ Newsletter or Newspaper

_____ Dinner Date or Club Meeting

_____ Television Show

_____ Radio

(Optional)

NAME _____

ADDRESS _____
(Street) (City) (Zip Code)

APPENDIX E

COMPOSITE OF SENIOR CITIZEN INTEREST SURVEY

	Meals on Wheels	Hawarden	Ocheyedan	Sibley	Rock Valley	Sanborn	Sioux Center	Orange City	Little Rock	Sheldon	Larchwood	TOTAL
TOTAL SURVEYS RETURNED	8	52	22	38	27	34	61	39	40	42	13	368
Living Off Social Security	1	17	10	19	10	11	32	5	15	11	3	134
Nursing Home Insurance	1	17	4	7	6	5	7	9	11	6		73
Understanding Disability Insurance		1	1	2	1		3	1	6	1		16
Understanding Cancer Insurance		2	1	2	1	7	7	1	4	3		28
Understanding Health Insurance	1	5	1	1	5	8	33	4	5	8	2	73
Understanding Life Insurance		2	2			2	8	3	4			21
Insurance Fraud and Misrepresentation		15	5	5	10	6	12	6	4	3	1	67
Energy-Understanding Your Utility Bill	1	3	1	1	3	3	3	6	1	4		26
Understanding Senility		1		2	3	5	4	4	1	3	1	24
Practical Look at Funerals	1	7	3	5	5	6	5	2	3	5	1	43
Death and Dying		4		2			1		3	1		11
Where to go for Help-Review of Agencies and Programs	2	6	3	5	8	9	4	9	7	5	1	59
Cooking for a Soft Diet		5	1	1	3	1	1		3	4		19
Safety in the Home		9	4	4	7	3	2	7	3	3		42
Dangers of Dieting		2	1	4	6	3	6	6	3	5	2	38
Nutrition		4	2	2	1	5	2	3	1	1	2	23
Meal Planning		2	2	5	4	7	4	2	3	3		32
Take Care of Yourself	1	11	5	6	5	5	9	9	8	6		65
Keeping Healthy		12	3	10	12	7	11	11	8	9	2	85
Drugs-Handle with Care		8		4	1	3	9	4	3	4		36
High Blood Pressures-How to Deal With It	1	19	10	17	9	10	36	8	16	15	2	143
Alcohol							1			1		2
Budgeting		10	1	3	3	5		2	2	2	1	29
Relaxation-Don't Feel Guilty	1	15	5	1	7	8	8	8	3	1	3	60
Be Good to Yourself	1	3	2	3	4	8	5	5	2	1	2	36
Improving My Reading		1	1		3	3	1	3	1	2	1	16
Understanding Money Management	1	5	2	5	4	6	5	5	5	4	1	55
Saving and Investing		4	2	7	4	11	2	6	3	8	2	49
Living on a Limited Income		11	6	9	11	9	25	3	11	7	3	95
Creative Use of Garage Sales		5	2	2	3	5	1	6	3	4	1	32
How to Save on Phone Bills	1	4	2	5	8	6	7	4	8	3		48

	Meals on Wheels	Hawarden	Ocheyedan	Sibley	Rock Valley	Sanborn	Sioux Center	Orange City	Little Rock	Sheldon	Larchwood	TOTAL
Treasures in the Attic-Don't Get Taken on Antiques		20	2	4	6	6	7	8	4	3	3	63
Frauds-Medical Cure-alls		10	2	5	7	1	8	4	4	5		46
Door-to-Door Salesmen		7	3	2	5	2	7	2	5	2		35
Making Ends Meet		4	1	5	3	4	2	1		1		21
Coping with Feelings	1	4	2	1	4	3	3	1	2		1	22
Updating Wills	1	8	6	7	7	3	5	3	3	9	2	51
Wills, Deeds, and Estates		6	2	5	4	6	5	4	3	7	1	43
Fear of Death		1		2		1		3				7
How to Use my Time		9	1	5	6	6	4	3	5	1		40
Kitchen-Set Up for Convenience	1	2	1	3		2		1	1			11
Food Storage		1	1	2	3	2	2			1		12
Cooking for 1 or 2		7	8	11	8	10	11	9	14	14	3	95
Practical Dieting		1	3	3	3	6	7	1	1	3	1	29
Diet-High Blood Pressure		12	5	12	5	12	20	9	9	9	2	95
Low Salt or Salt Free Diets	1	3	8	7	3	10	12	9	8	5	2	68
Updating your Wardrobe on a Budget		10			4	6	5	2	1		1	29
Generic Drugs	1	12	1	2	8	11	12	3	2	2	2	56
How to Deal with Diabetes		6	3	6		5	21	5	3	7	2	58
How to Quit Smoking		4		1	3	1	2	1	4	1	1	18
Exercise and Physical Fitness		7	5	5	8	8	6	6	3	3	2	53
First Aid		3	3	2	6	2	2	2	3	4	3	30
Time and Energy Management		5			2	4	2					13
Improving My Writing		1	3	2	1	2	1	1	7	3	1	22
Improving My Math		2			2	1	1		1	1	1	9
Others: How to Get Help with Medicare, Medicaide, Crafts, Waste of Money												

		Meals on Wheels	Hawarden	Ocheyedan	Sibley	Rock Valley	Sanborn	Sioux Center	Orange City	Little Rock	Sheldon	Larchwood	TOTAL
Newsletter or Newspaper	#1's	4	16	8	21	7	10	24	5	14	12	3	124
	#2's		14		2	4	5	7	9	2	3	3	49
	#3's		3		2	1	2	7	1	2	1		19
	#4's						1						1
Dinner Date or Club Meeting	#1's		21	3	6	8	13	12	15	6	15	4	103
	#2's		10	4	9	6	6	6	2	2	6	3	54
	#3's		1	1		1		2	1	2	1	1	10
	#4's				1		1		1				3
Television Show	#1's		3	1		4	3	19	4	6	1	2	43
	#2's		3	1	1	1	5	9	3	6	2		31
	#3's		3	2	6	5	6	13	3	2	4	3	47
	#4's		3		3				1			1	8
Radio	#1's			1			2	11		4	1		19
	#2's	2	3	1	2		1	15	4		3		31
	#3's		13	2	5	3	5	8	2	3	2	2	45
	#4's				4			1	2		2		9

APPENDIX F

PRIORITIZED LIST OF SURVEY INTEREST

Title:	No. of Individuals Interested
High Blood Pressure - How to Deal With It	143
Living Off Social Security	134
Living on a Limited Income	95
Diet - High Blood Pressure	95
Cooking for 1 or 2	95
Keeping Healthy	85
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Understanding Health Insurance	73
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Insurance Fraud and Misrepresentation	67
Take Care of Yourself	65
Treasures in the Attic - Don't Get Taken on Antiques	63
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Wills, Deeds, and Estates	43
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How to Use My Time	40
Dangers of Dieting	38
Drugs - Handle with Care	36
Be Good to Yourself	36
Door-to-Door Salesmen	35
Creative Use of Garage Sales	32
Meal Planning	32
First Aid	30
Budgeting	29

Title	No. of Interested Individuals
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Updating Your Wardrobe on a Budget	29
Understanding Cancer Insurance	28
Energy - Understanding Your Utility Bill	26
Understanding Senility	24
Nutrition	23
Coping with Feelings	22
Improving My Writing	22
Understanding Life Insurance	21
Making Ends Meet	21
Cooking for a Soft Diet	19
How to Quit Smoking	18
Understanding Disability Insurance	16
Improving My Reading	16
Time and Energy Management	13
Food Storage	12
Kitchen - Set Up for Convenience	11
Death and Dying	11
Improving My Math	9
Fear of Death	7
Alcohol	2
How to Get Help with Medicare	1
Medicaide	1
Crafts	1
Waste of Money	1

APPENDIX G

WARNING

SEVERAL UNITS COVERED TIMELY INFORMATION, SUCH AS SOCIAL SECURITY OR MEDICARE DATA. ALTHOUGH ACCURATE WHEN WRITTEN ANYONE USING THIS MATERIAL SHOULD HAVE DATA CHECKED BY AN APPROPRIATE INDIVIDUAL IN THEIR AREA TO CONFIRM WHETHER ALL DATA IS CURRENTLY ACCURATE.

Press Release

SENIORS IN THE KNOW

HEALTH INSURANCE FOR THE RETIREMENT AGE INDIVIDUAL

(Health insurance is a very important topic to be considered by senior adults. This is the first in a series that will take a look at medicare and supplemental health insurance.)

Do you know the policies you need for health care protection at retirement age? There are two basic policies available.

Medicare: A federal insurance policy available at age 65. Medicare, Part A, is free to you and is designed to cover approximately 75% of hospital costs. Medicare, Part B, at this time costs $12.20 per month and after a $75.00 deduction, pays 80% of approved charges.

Supplemental Insurance is available from most companies and there is a great deal of variation in premium charges and in benefits.

The question you must ask yourself is, "How good is my general health?". Then consider these tips.

1. Buy only the policy coverage you need - do not duplicate.
2. Stay with companies which have satisfied your needs in the past.
3. Group policies are usually less costly if you can retain membership as a retirement benefit.
4. Carry your medicare card with you and always show it so numbers are recorded correctly.
5. Use the toll free Social Security number found in your phone book and ask questions you do not understand or if you feel a payment is incorrect.

Be informed. There is no one answer which is correct for everyone. Consider your health, your previous insurance coverage and your finances before you buy.

Press Release

SENIORS IN THE KNOW

HEALTH INSURANCE FOR THE RETIREMENT AGE INDIVIDUAL

(Health insurance is a very important topic to be considered by senior adults. This is the second in a series that will take a look at medicare and supplemental health insurance.)

Medicade and Medicare

Medicade

Medicade is funded by federal and state governments. Persons receiving Medicade must meet state guidelines. Medicade services are many and include some benefits not covered by Medicare.

Medicare

All citizens over 65 years of age who apply are eligible for Part A of Medicare. Part A is free of cost to the individual. Medicare, Part A, is designed to pay for medically necessary inpatient hospital care, inpatient care in a skilled nursing facility, and some home health care. Medicare pays only for services determined to be medically necessary. Medicare pays nothing for services found unnecessary. Medicare was not designed to provide complete protection for medical and hospital expenses. Part A essentially pays a portion of hospitalization costs during a 90 day benefit period. Each person also has a reserve period of cost covered hospital days which add 60 days. These reserve days can be used at any time but are not renewable.

Medicare does offer a hospital insurance benefit called Medicare, Part B. This is the only insurance offered by the federal government and at this time costs $12.20 per month. You are required to pay the first $75.00 of expense in a calendar year and 20% of the balance of approved amount for physician services. Medicare, Part B, pays 80% of approved costs. This policy also covers home health care, some blood and some out-patient hospital treatment.

If you have questions concerning Medicare or Medicade, consult your Medicare handbook or call the Social Security office which has a toll free number listed in your phone book.

Press Release

SENIORS IN THE KNOW

HEALTH INSURANCE FOR THE RETIREMENT AGE INDIVIDUAL

(Health insurance is a very important topic to be considered by senior adults. This is the third in a series that will take a look at medicare and supplemental health insurance.)

Supplemental Insurance

A wide variety of supplemental policies are available. Coverage and premiums differ greatly among group and individual policies. These policies are designed to give additional coverage where Medicare does not pay. Most policies fall into these categories:

Medicare Supplement -- This policy will co-pay with Medicare and also pay a portion of Medicare deductibles. It will also pay for some health services not covered by Medicare.

Catastrophic Medical -- This policy carries a high deductible but covers the elevated costs of serious illness or injury. Some cover medicare co-payments and deductibles, some do not.

Health Maintenance Organizations (HMO's) -- Persons joining HMO's pay a membership fee and receive health services from doctors and other health personnels affiliated with the HMO. There are no separate charges for deductibles or co-payments in Medicare covered services. You must be willing to receive your care from a specified health group if you choose this service.

Group Policies -- Many organizations and some businesses offer group policies. These vary greatly and you must check rates and benefits before you choose this type of supplemental insurance.

Other types of insurance policies exist such as specific disease coverage and nursing home coverage. These policies are limited in scope and you should check benefits carefully before you invest. As always, consider your personal health and be informed before you purchase.

Press Release

SENIORS IN THE KNOW

HEALTH INSURANCE FOR THE RETIREMENT AGE INDIVIDUAL

(Health insurance is a very important topic to be considered by senior adults. This is the fourth in a series that will take a look at medicare and supplemental health insurance.)

Questions you should ask before you purchase insurance policies:

Duplication:	Does this policy preclude payment for expenses covered by other insurance?
Premium:	Does the rate go up with one's age or insurability?
Waiting Period:	Am I covered from the first day of hospitalization, or are there days excluded?
Age Limit:	Does coverage remain the same regardless of my age?
Exclusions:	Are there any exclusions?
Continuance:	If I collect on the policy, can the company cancel if my health condition persists?
Renewability:	Will this company renew the policy regardless of my age?
Conversion:	If I have a joint policy with my spouse and one of us dies or chooses to discontinue, can this policy be converted to an individual policy?
Maximum Benefits:	How many claims will the policy pay? How much is allowed for all expenses for any one illness or for all illnesses? How long will benefits be paid?
Outside Expenses:	Is there an allowance for housing fees, food or travel expenses in the event hospitalization occurs out of my locality?
References:	Is there someone who lives locally who has collected benefits from your company? Could you release their names?
Grievances:	How can differences with the company and myself be resolved. Who is my contact person?

Press Release

SENIORS IN THE KNOW

HEALTH INSURANCE FOR THE RETIREMENT AGE INDIVIDUAL

(Health insurance is a very important topic to be considered by senior adults. This is the fifth in a series that will take a look at medicare and supplemental health insurance.)

Insurance terms can be confusing. Retain this glossary of terms to help you understand what your insurance policy states.

ACCUMULATION PERIOD -- a period of time, usually a calendar year, that deductible expenses can be added together.

CO-INSURANCE -- a condition where the insurance company (or Medicare) picks up a certain percentage of all eligible expenses and the insured picks up the rest.

CO-PAYMENT -- the amount of money paid on a co-insurance claim.

CONTINUANCE -- to proceed in an unaltered course of action; to leave the insurance policy as it is.

CONVERSION -- to change from one policy type to another.

DEDUCTIBILITY -- the amount to be subtracted or deferred before a condition or amount can be considered.

DUPLICATON -- a condition where two or more policies might pay on the same claim; where both might share to pay one claim.

EXCLUSION -- something not covered by a policy either by its nature or by some time element.

GRIEVANCE -- a complaint against some action by an insurance company or against the company itself.

GROUP -- a number of persons with something in common that form for the common good of them all. Group insurances are usually much cheaper or have better coverage because the risks are more generalized.

HEALTH-RISK -- a person with a known or chronic ailment.

HOSPITAL - a place licensed by the state to treat injured and sick persons at their expense with at least one doctor on call 24 hours a day to diagnose, treat, or perform surgery and where nursing service under a Registered Nurse is available 24 hours per day.

INSIDE LIMIT -- a fixed amount for some medical service that the company payment will not go beyond.

MEDICADE -- the publicly funded program jointly shared by the federal government and a state government.

MEDICARE ELIGIBLE AND ALLOWABLE COSTS -- health charges that are deemed necessary and reasonable which are covered by Medicare.

MEDICARE PART A -- the inpatient hospital benefits of Medicare.

MEDICARE PART B -- benefits which include physicians' services, medical supplies, treatments, etc. under Medicare.

OUTSIDE EXPENSES -- secondary expenses such as those of transportation, housing costs for the accompanying, non-ailing spouse.

POLICY DEDUCTIBLE -- the Medicare Part B calendar year deductible and co-insurance amount you must first pay before policy benefits begin. No benefits are payable for those expenses used in determining the policy deductible.

PRE-EXISTING CONDITIONS -- health problems or related factors that exist and might instigate a future health problem.

RENEWABILITY -- the policy holders option to continue the insurance on each premium due date by just paying the premium. The premium should also remain fixed unless the policy so states otherwise.

SKILLED NURSING HOME -- a facility staffed by a Registered Nurse 24 hours per day.

SUPPLEMENTAL COVERAGE -- payments made before Policy Deductible or beyond the scope of Medicare coverage.

WAITING PERIOD - a period of time which must elapse before certain conditions of the policy can go into affect.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the first of seven articles on cooking for one or two.)

You are what you eat!

Cooking for only one or two after years of cooking in large quantities can be a challenge. Use your imagination and consider cooking to promote good health.

Infants and adolescents need food for growth. Older adults need food to keep healthy and to provide energy for work and other activities. However, calorie intake needs to decrease after age 35 so we must choose food for nutritional value if we are to keep mental and physical processes in peak condition without weight gain.

Food is the basis of life and eating good food is one of the joys of living.

The basic four food groups.

You need to know what foods give you the best nutritional value for your dollar. Buy some foods from each of the following groups:

1. Milk and milk products.
   We never outgrow our need for milk. Adults should drink two or more glasses of milk daily. Dried milk is the least expensive way of providing calcium, protein and riboflavin you need. Other sources are whole, skim, or evaporated milk, buttermilk, cheese, cottage cheese and ice cream. These are milk products which will replace part of your milk requirement. Milk is needed by the body to repair and maintain healthy bones and teeth.
2. Fruits and vegetables.
   We need four or more servings each day of fruits and vegetables because they are high in vitamin A and C. Especially high sources of vitamin A include: apricots, broccoli, carrots, kale, cantalope, sweet potatoes, and squash. Foods high in vitamin C include: cantaloupe, oranges, strawberries, broccoli, and green pepper.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the second in a series of articles on cooking for one or two.)

Tips to save time and energy.

Your goal is to provide a nutritional low-cost, attractive meal. Try to plan menus for a week at a time. Decide how many meals per day work best for you. Some people prefer four light meals rather than the regular three meals per day.

Prepare your favorite recipe and freeze small amounts.

Use frozen dinners or main dishes with heat and serve vegetables.

Use combination dishes such as vegetables and meat or soup-ed up dishes which save time, preparation and clean-up.

Oven meals take less watching and require fewer pans but they may add to energy costs. Consider using a slow cooker or small appliance rather than heating the oven for one dish.

Many retired people have busy schedules and must budget time or others have physical problems which require conservation of energy and limitation of activities. Planning menus shows good management, no matter what your age.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the third in a series of articles on cooking for one or two.)

Tips to save money.

Shop with a list and choose your grocery store carefully. Stores that deliver, give stamps or credit usually must charge higher prices.

Use unit pricing to compare brands and sizes for the least cost per serving. Buy in quantity only if you can use the item without waste.

Check the date on perishable food. The freshest food is usually at the back of the shelf and you may want to choose these items.

Shop for low cost foods within each food group. Example would be chicken vs. steak, plain bread vs. fancy rolls, green beans vs. asparagus, etc.

Try generic and store brands. Many times the quality is similar to expensive brands.

When buying meat, consider cost per serving instead of cost per pound. Many higher priced meats have less bone, gristle and fat and are a better buy than lower priced meat. Don't forget to include eggs, peanut butter, and dried beans part of the time. These foods save you money while adding variety.

Milk purchased in ½ or 1 gallon containers is less expensive than small amounts and can be frozen for a short time. It's also possible to substitute non-fat dry milk if it is mixed with 50% regular milk.

Some convenience foods can be real time-savers. Consider cost and quality of the finished product when deciding if the time and evergy saved will be worth the cost. Some foods are easy to prepare and comparatively inexpensive if made from a mix, especially biscuits, cakes, potatoes, and quick cereals.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the fourth in a series of articles on cooking for one or two.)

Use proper food storage.

Food will last longer and be in better condition if stored promptly after shopping.

Label and date frozen foods so you can use them while still fresh.

Use jars with tight fitting lids to store dry foods such as flour, cornmeal, rolled oats, rice, sugar, dry milk, cereal or potato chips.

Refrigerate prepared foods and leftovers promptly, especially those containing egg or milk.

Cover foods which you refrigerate so they do not pick up odd flavors.

Rotate older foods to the front of shelves or refrigerator so that they will be used first.

To use your food during its peak freshness follow guidelines set for food storage.

Guide to Refrigerator Storage

In the coldest part of the refrigerator:

Fresh Meat, Poultry, Fish (loosely wrapped) - roasts, steak, chops 3 to 5 days; ground meats, variety meats, poultry, fish 1 to 2 days.

Milk, cream, cheese (tightly covered) - milk, cream, cottage cheese, cream cheese 3 to 5 days; hard cheese several weeks.

Vegetables and fresh fruit can be stored uncovered in other parts of the refrigerator 2 to 5 days.

Guide to Freezer Storage

Fruit 12 months
Fruit juice concentrate 12 months
Vegetables 8 months
Meat:
Beef Roasts, Steaks 12 months
Ground Beef 3 months

Pork (fresh):
- Roasts 8 months
- Sausage 2 months

Pork (cured) 2 months

Poultry and Turkey:
- Whole 12 months
- Cut-up 6 to 9 months
- Cooked (sliced and gravy) 6 months
- Fried chicken 4 months

Bakery Products:
- White bread, plain rolls 3 months
- Cakes:
  - Angel, chiffon 2 months
  - Chocolate layer 4 months
  - Pound, yellow 6 months
  - Fruit 12 months
- Doughnuts 3 months
- Pies (unbaked) 8 months

Ice cream, sherbet 1 month

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the fifth in a series of articles on cooking for one or two.)

Create interesting meals.

Plan your meals to consider color, flavor and texture. Consider whether you have bland with tart flavor or something crisp with softer foods. Also use hot and cold foods for variety.

Be mindful of the fact that a person's attitude is a powerful influence. One can learn to enjoy dining alone.

Use pretty placemats or an attractive tray just for you. Enjoy your meal on the porch or lawn or in the living room - or where ever you are more likely to eat slowly and enjoy your meal. Listen to the radio or play favorite records while you are eating.

Garnishes can be an easy way to make a meal more appealing. Learn to cook with herbs and other seasonings. Food tastes better if it looks good.

If you can fit it into your budget, occasionally ask a small group or just one friend to share your meal. You could plan a potluck which provides a vareity of food with small cost to any one individual.

Dine out when you can afford it. Take advantage of Dinner Date, Meals on Wheels, and other food programs planned especially for senior citizens.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the sixth in a series of articles on cooking for one or two.)

Snack ideas for senior citizens.

Nutritious snacks are good for everyone, including senior citizens. Here are some good snacking recipes.

Orange Chiller

Lowfat liquid milk
Instant non-fat powdered milk
Frozen orange juice concentrate

Measure 1 cup lowfat milk into blender. Add 2 tablespoons powdered milk and 2 tablespoons orange juice concentrate. Blend and drink.

Peanut Crunch

½ cup sugar
½ cup light corn syrup
2 cups high protein chex cereal
½ teaspoon vanilla
½ cup peanut butter

Combine sugar and syrup in sauce pan. Boil. Remove from heat and add cereal, peanut butter and vanilla. Drop spoonfuls on cookie sheet. Eat! 3 dozen cookies.

Ideas for other nutritious snacks:

- Dried fruit (apples, apricots, figs)
- Yogurt
- Cheese
- Bran muffins
- Celery stuffed with cheese or peanut butter
- Fruit, especially bananas
- Unsweetened fruit juices

- Milk puddings and custard
- Skim milk
- Whole wheat bread - plain or toasted. Wheat bread has good nutty flavor, is high in nutritional power such as thiamin, vitamin E, minerals, fiber and one slice has only 60 calories.

Press Release

SENIORS IN THE KNOW

COOKING FOR ONE OR TWO

(This is the seventh and final article on cooking for one or two.)

Try these recipes!

Mashed Potatoes

2/3 cup water
¼ teaspoon salt
¼ cup instant potato granules
1 tablespoon margarine
¼ cup milk

Put water, margarine and salt in pan. Heat to boiling. Remove from heat, add milk. Stir in potatoes. Eat - or bake slow oven, 15 minutes. 2 servings - ½ cup each.

Tuna Patties

1 egg
½ teaspoon prepared mustard
1 can chunk tuna (6½ oz.)
¼ cup fine dry bread crumbs

Combine egg, tuna and tuna liquid, mustard, and half the crumbs. Mix. Mape into 4 patties. Roll patties in rest of bread crumbs. Cook in fry pan, medium heat, 3 to 4 minutes on each side. 2 servings, 2 patties each.

Apple Scallop

2 tablespoons flour
¼ teaspoon cinnamon
1 tablespoon margarine
1 tablespoon white sugar
¼ cup brown sugar, packed
Sprinkle of salt
2 medium apples
2 tablespoons water

Mix flour, brown sugar, cinnamon and salt. Mix in margarine till crumbly. Peel and slice apples and put in baking dish. Sprinkle apples with white sugar and water. Spread crumbly mixture on top. Bake 350° for 30 minutes. Good eating for one or two or more!

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the first in a series of articles that will take a look at living off social security.)

What is Social Security?

Here are some common myths and facts concerning Social Security.

Myth: Social Security is a form of savings account.

Fact: Social Security operates on a pay-as-you-go basis. By law, workers and their employers contribute dollars which immediately transfer to an eligible person currently on the Social Security payment roll.

Myth: You collect Social Security automatically.

Fact: Social Security does not call you, you must contact them to begin receiving benefits. Contact your local Social Security office in any of these cases: (1) you are 62 or older and plan to retire; (2) you are within two or three months of becoming 65, even if you do not plan to retire; (3) you are unable to work for at least 12 months due to illness or injury; (4) someone in your family has died.

Myth: You never get out of Social Security what you put in.

Fact: Records show you only have to live to age 71 to double the return on your investment. People turning 65 in 1982 who had paid the maximum would get back cash benefits equal to their contribution in only 18 months. Social Security taxes have gone up, but benefits are rising faster. Social Security checks also rise with inflation, and that built-in cost of living benefit is a big plus.

Myth: Excessive administrative costs have been a factor in why the total program is in financial trouble.

Fact: Only 1.3 percent of the money goes for administrative costs.

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the second in a series of articles that will take a look at living off social security.)

Facts about Social Security and you!

Franklin D. Roosevelt founded the Social Security system in 1937. Nine out of ten working Americans are now covered by the system. Workers currently employed pay into the system and the employer pays an equal amount. Workers forgo current income in exchange for the promise that the system will then provide them and their family with a benefit when they retire, become disabled, or die. Benefits can be paid for those retired, disabled or deceased.

Social Security was not designed to pay enough benefit to retire on. You will need other income such as savings, pensions, insurance, and/or other earnings if you are to maintain yourself at your pre-retirement standard of living.

A person can continue to work and still collect benefits. The annual exempt amount for 1982 is $6,000 annual earnings for people 65 or over. If you are over 70 your benefits cannot be reduced by earnings. If you earn more than the annual exempt amount, Social Security withholds $1.00 in benefits for each $2.00 of earnings above the limit. Income from savings, investments or insurance will not affect your check.

Divorce will not cancel your right to collect your ex-spouse's account if you were married for at least ten years and have not re-married before age 60, and your ex-mate has started to collect benefits as well. If you start receiving benefits at 62, you'll receive 37½% of your former spouse's benefits in a monthly check. If you wait to collect until age 65, the percent is 50%.

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the third in a series of articles that will take a look at living off social security.)

Who gets Social Security?

Currently 40% of Social Security retirement benefits are paid to people with incomes of $10,000 or more. Statistics show that benefits account for 32.9% of the total income of American families where the head of the household is over 65, and 46.7% of total income for elderly people not living with family.

Social Security payments go to people who are 62, have retired and have applied for benefits. The eligible spouse and children may also receive benefits. An example of maximum benefit for a person who reached 62 in 1981 would be $480.00. This benefit would go to someone who had worked the maximum number of years under Social Security and contributed the maximum amount.

Social Security payments go to a worker under 65 who for an extended period of time is either physically or mentally disabled and unable to work. The family of a disabled worker is also eligible. Last year the maximum family benefit was $966.00.

Social Security benefits go to survivors of a worker who has been covered by Social Security for a qualifying amount of time and then dies. If a worker died after 1981, and left a family of three or more they could receive a benefit of up to $1,253.00 per month. In addition, the eligible surviving widow, widower, or child is paid a lump sum payment of $255.00 at the time of death.

Social Security also covers hospital insurance for those who have reached 65 or over, and for others who have received disability payment for at least 24 months.

Social Security payments for a person who elected to retire at age 65 can be up to $752.00 per month.

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the fourth in a series of articles that will take a look at living off social security.)

How is Social Security calculated?

To collect Social Security benefits, you must be fully insured or related to someone who is.

You must have worked in a covered job for the qualifying time. If you reach 62 this year, you must have worked in a social security covered job for at least 31 quarters. The qualifying period varies with the year of your birth. Currently it takes $310.00 in earnings to qualify for one quarter of credit, but that amount will be increased each year to reflect rises in average wage levels.

Earnings do not have to be in certain months of the year. If you earn $1,240.00 during any period of the year, you get four quarters credit.

Benefits are computed differently for those who reached 62 before 1979 than are benefits computed for after 1979. The important thing to remember is that the amount of monthly benefit checks are based entirely on earnings covered by Social Security. The more you pay the higher the adjusted earnings.

Cost of living raises for those already receiving benefits have now been built into the system. If there is an increase of at least 3% in cost of living from one year to the next, benefits will be raised a matching amount.

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the fifth in a series of articles that will take a look at living off social security.)

Recent changes in Social Security.

Our lawmakers have been struggling with the fact that Social Security has been in the red for the last seven years. Exhaustion of the trust fund is near. Social Security is spending $12,000 more than it is taking in every minute of the day.

These are changes legislated:

(1) A phase out of benefits to students attending college or other post-secondary schools. The lawmakers felt other student aid programs were available.

(2) The "minimum benefit" has been eliminated for people who first become eligible for payment after December 1981. Persons with low average earnings or sporadic employment use to qualify for a $122.00 monthly check. Now benefits are based only on the workers average earnings covered under Social Security.

(3) Persons entitled to disability benefits after August 1981 will have a limit placed on disability benefits so that combined total of Workman's Compensation and Social Security cannot total more than 80% of their average wage before they became disabled.

(4) Payments to the spouse of a retired, disabled or deceased worker with eligible child receive payments until the child is 16 rather than 18 years of age.

(5) Some benefits will begin one month later because the new law states that no payment be made until all requirements of eligibility are met for the entire month.

(6) The lump sum death payment will be paid only to a surviving spouse or entitled child, not to a funeral home or the payee of burial expenses.

Press Release

SENIORS IN THE KNOW

LIVING OFF SOCIAL SECURITY

(This is the sixth in a series of articles that will take a look at living off social security.)

Tips to aid in planning for your Social Security.

It is important for you to be informed about Social Security. Newspapers, magazines, and especially information booklets prepared by the Social Security Administration are good sources of information. Each local phone book has a toll free Social Security number, another good information source.

Financial planning is critical to make sure you have adequate income during retirement, and to make sure that income is from sources which won't reduce your Social Security benefits.

Special tax benefits are available to people over 65. They include double tax exemptions, sale of residence, medical deductions, nontaxable sources of income, state and local tax exemptions. Inquire at all levels of state, county and local government to see what you may be eligible for and file for those benefits.

Internal Revenue Service office can give you free tax advice. Some communities provide volunteers to aid you with your tax. IRS offers these free pamphlets to help you: "Tax Benefits for Older Americans", No. 544; "Your Federal Income Tax", No. 17. Another free pamphlet from your Congressman or available for 35¢ from Superintendent of Documents, GPO, Washington, DC 20402 is called "Protecting Older Americans Against Overpayment of Income Taxes."

Sometimes you can change a decision for a claim from the Social Security Administration by asking them to reconsider - or you can ask for a review of the decision and take your claim to the Federal Courts. Social Security makes no charge for any appeal and they can advise you on the method used to have a claim reconsidered.

You must apply for any benefits due you. Remember, you are the person responsible for the benefits you will receive.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE

(This is the first article of a series of four articles on high blood pressure.)

Understanding the Cardiovascular System

To understand blood pressure it helps if we have a general knowledge of how our body works, particularly the cardiovascular system which consists of the heart and the blood vessels.

The heart is a muscle that acts like a pump. The right side of the heart receives blood back from the veins throughout the body. The left side receives blood from the lungs and is rich in oxygen.

As the heart beats the muscles contract and send blood from the right side to the lungs and from the left side through the aorta to start its trip through the body. As the blood starts this trip it usually does not meet with much resistance as the vessels are large enough for blood to pass through easily. However, our vessels become smaller and smaller going from aorta to arteries and then to arterioles. It is in the arterioles that resistance is often met. The blood must get through this system in order to cross over the capillaries where the oxygen and nutrients are distributed to body tissue. After passing through the capillaries the blood returns to the heart through the veins. The trip back to the heart is a more passive one as the vessels become larger and larger.

The average adult has approximately six quarts of blood in his arteries and veins. In all healthy people the circulatory system is constantly readjusted automatically so that 100 percent of the capacity of the arteries, veins, and capillaries holds just 100 percent of the blood. The size of the arteries and veins is controlled by the nervous system according to the amount of blood available in order to keep the blood pressure normal.

Medical researchers feel most of the problem of high blood pressure begins in the smallest arteries, the arterioles.

3. Meat and meat alternates.

   Try to eat beef, lamb, pork, poultry, eggs or fish. You can also eat a meat alternate such as dried peas or beans, lentils or peanut butter.

4. Bread and cereals.

   Your body needs four or more servings each day of bread, cooked or ready-to-eat cereals, crackers, flour, grits, macaroni, spaghetti, noodles, rice, rolled oats or quick breads.

When you include foods from the basic four food groups in your diet you will eat a balanced meal and meet your body energy needs.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE

(This is the second article of a series of four articles of high blood pressure.)

What is blood pressure?

Blood pressure is the amount of pressure being exerted against the walls of the arteries with each contraction of the heart. By measuring blood pressure the doctor is able to judge quickly how hard the heart is having to work. Blood pressure is measured with an instrument called a sphygmomanometer (sfig-mow-man-ah-met-er).

The reading is usually given in two figures such as 120 over 80 and is written "120/80". The first figure gives you the amount of systolic pressure when your heart is contracting and pumping blood and the second figure is the amount of diastolic pressure or the amount of pressure still being exerted against the arteries even with the heart at rest.

120 over 80 is often called the "normal" blood pressure but the figures can vary with certain activities. If you are exercising or become excited the smaller blood vessels constrict causing the heart to pump harder to keep blood flowing through the system. After you relax your pressure will usually return to a normal level. Because of these changes the doctor will sometimes take several blood pressure readings over a period of time.

High blood pressure is a disease which is more prone to affect some persons than others. The reason for this is unknown. It is a symptomless disease making it difficult for people who have elevated pressure to take it very seriously.

It has been known for many years that high blood pressure is one of the leading risk factors of heart disease and stroke. It is now known that it is also a major risk factor of kidney disease. At least 50% of the people now on dialysis treatment had histories of high blood pressure.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE

(This is the third article of a series of four articles on high blood pressure.)

If the blood making its trip through the body begins to meet with resistance the heart will begin to pump a little harder in order to accomplish its job. The more the resistance the harder the heart will pump.

The harder your heart has to pump the higher your blood pressure reading will be. There is no reading which implies high blood pressure for everyone; only your doctor can tell you what to do relative to your blood pressure reading.

As for the actual cause of high blood pressure in most cases it is unknown. Even though hypertension is the official word for high blood pressure, it has nothing to do with a person being relaxed or tense and refers only to the excessive pressure on the arteries.

There are two main ways that resistance comes about.

1. Constriction of the blood vessels themselves.
2. A buildup of plaque inside the vessels known as atherosclerosis.

Either of these two situations will cause your blood pressure to rise. But why it occurs in varied degrees in individuals is the unknown element. Atherosclerosis contributes directly to the severity of high blood pressure. We all have some degree of atherosclerosis as it begins early in life. The inner walls of the arteries are made thick and irregular by the buildup of fatty deposits such as those caused by cholesterol.

If the arteries become very narrowed the system is deprived of blood to the point of obstruction. If this occurs in arterioles in the brain it can result in stroke. If it is the arteries feeding the heart muscle itself it will lead to a heart attack.

Little is known about the "why" of high blood pressure. Heredity plays an important part as we are constructed like our parents and grandparents. If they had the disease you need to be aware you are a prime candidate.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE

(This is the fourth and final article of a series on high blood pressure.)

Treatment for High Blood Pressure

High blood pressure is the most serious health problem in the United States because so many people are unaware their pressure is too high. Of the millions who have hypertension, only 25% are getting adequate treatment.

The sad aspect of this is the fact that high blood pressure can be effectively treated and, in many cases, prevented. With mild hypertension (between 90 and 105 diastolic) treatment usually begins with the following recommended changes in diet and lifestyle?

1. Reduce Weight
2. Reduce Salt Intake
3. Exercise More
4. Reduce Stress
5. Stop Smoking

If these changes in lifestyle are ineffective in controlling high blood pressure, the doctor will probably start drug therapy. If the treatment seems to be failing, doctors may suspect that the patient is not following the plan faithfully. Perhaps because it is a silent disease, those with hypertension may fail to follow their doctors' orders.

If placed on medication, be patient and don't stop treatment if side effects (which range anywhere from light-headedness, diarrhea, palpitations to fainting or sexual dysfunction) occur. Give yourself a chance to adjust to a drug's reaction if one occurs. It often takes several weeks to do so, but the end results will justify your persistence.

Once blood pressure is controlled some people think because they feel so much better they can cut down or stop their medication. Only the doctor should prescribe any program change.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE AND A SALT RESTRICTED DIET

(This is the first of three articles on high blood pressure and a salt restricted diet.)

Sodium's Possible Effect on Blood Pressure

The old idea that excess salt may cause high blood pressure is gaining additional support almost daily. It is now clear that there is more to this association than just the salt intake. Scientists have found that some people seem to be immune to the effects of high salt intake while 15 to 20% of Americans are susceptible and will develop high blood pressure when eating excessive sodium. Population studies show that several primitive societies existing today who have very low salt intakes have virtually no high blood pressure with advancing age. However, when these people move to town or otherwise increase their salt intake they begin to develop hypertension. The opposite is seen also. High blood pressure is extremely common in "high salt consuming" societies such as Japan and its incidence increases with age.

Salt is a substance which acts like a sponge. It draws water into it. Therefore, when you eat excessive salt your body retains more water. You may have noticed a puffy, spongy look to your lower legs and feet after a higher salt intake. This extra water in the body causes an increase in the blood volume. With more blood in the same size blood vessels, the pressure in the vessels will increase. Hence, high blood pressure.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE AND A SALT RESTRICTED DIET

(This is the second of three articles on high blood pressure and a salt restricted diet.)

Sodium in the American Diet

The average American diet today contains from 6,000 to 18,000 mg of sodium each day. How much salt is too much. Specific answers are impossible, but studies have shown that both children and adults require no more than 200 mg of sodium per day, just 1/10 of a teaspoon of table salt. Yet the American diet contains sometimes more than 40 times what our bodies require.

Sodium occurs naturally in many foods, particularly animal products such as meat, poultry, fish, milk and eggs. However, most sodium in the American diet is added in the form of salt for seasoning as in canned vegetables and soups, peanut butter, and "snack" foods. Salt is also used for preservation, as in bacon, sausage, ham and luncheon meats and for pickling as in olives, pickles, and sauerkraut. Sodium is included in compounds such as baking soda and baking powder to leaven quick breads, cakes, cookies, and other desserts.

A great many foods have natural sodium. Some foods contain only a trace whereas others contain enough in a single serving to devastate a sodium restricted diet. Generally fruits and fruit juices contain negligible amounts of sodium. Unsalted vegetables contain more than fruit, but most can be considered fairly low in sodium.

In addition to foods, the body may also get sodium from water and some medicines. Antacids are very commonly sodium based and can be a real problem on a sodium restricted diet. Ask your doctor or pharmacist to tell you which antacids are low in sodium. Also, softened water will usually contain many times more sodium than the hard water. In some communities, even the city water is fairly high in sodium. Figures on the sodium content of city water are available from local water department officials or from the Iowa State Department of Health.

Press Release

SENIORS IN THE KNOW

HIGH BLOOD PRESSURE AND A SALT RESTRICTED DIET

(This is the third and final article on high blood pressure and a salt restricted diet.)

Sodium Restricted Diets

If you are on a salt or sodium controlled diet you may be on this diet for one of several reasons. A salt restricted diet is commonly used as part of the medical treatment for liver disease, kidney disease, water retention (edema) and cardiovascular diseases such as congestive heart failure and high blood pressure. The most common reason is to treat hypertension.

Sodium is measured by weight; but instead of being measured in pounds, sodium is measured in very tiny units called milligrams. To get an idea of the weight of these units, think of 200 mg of sodium as being approximately 1/20 of a teaspoon. Sodium restricted diets may range from as little as 200 mg to 4,000 mg sodium.

Some general guidelines of a sodium restricted diet are:

1. Do not use salt at the table.
2. Frozen vegetables will have less sodium than those canned with salt. Use frozen whenever possible and drain juice from canned vegetables before heating.
3. Salt substitutes contain substantial amounts of potassium. Check with your doctor before using salt substitutes.
4. Realize Lite-Salt is one half table salt and not a salt substitute. Therefore, it may not meet the needs of people required to cut down on their salt intake.
5. Learn to read labels and look for the words sodium or salt.

Learning to enjoy a salt restricted diet is only a matter of time. When you are accustomed to your low salt diet you will no longer enjoy the taste of forbidden foods as they will taste "too salt". You may also want to try experimenting with herbs and spices to add subtle flavor to some of the blander foods.

If you have questions about your diet, consult a dietician, nutritionist, or your doctor since they are trained to help you.

Press Release

SENIORS IN THE KNOW

DIABETES

(This is the first in a series of articles that will take a look at diabetes.)

Diabetes is a disease in which the body is not able to make proper use of foods which contain carbohydrates (sugars and starches). Thought to be hereditary, diabetes is caused either by too little insulin, which is a hormone produced by the pancreas, or by a defect in the action of the insulin.

Diabetes has been called a "sneaky disease" since its symptoms are not always obvious. The onset of severe diabetes, however, can be characterized by:

Frequent urination
Extreme thirst
Constant hunger
Tiring easily
Losing Weight
Itching
Slow healing of wounds
Blurred vision
Feeling tired and weak
Aching or numbness and tingling in fingers and toes

But it is important to remember there may be no signs at all.

Although diabetes cannot be cured, most diabetics can control their diabetes and lead nearly normal lives. The diabetic who carefully adheres to the recommended treatment and balanced activities can expect to prolong life and decrease complications of the disease. The right foods in the right amounts at the right time are the key to a diabetic's well being. Perhaps no disease placed more responsibility on the patient for personal treatment than does diabetes. Persons with questions concerning diabetes should consult a qualified health care professional who knows and understands their personal case.

Press Release

SENIORS IN THE KNOW

DIABETES

(This is the second in a series of articles that will take a look at diabetes.)

Diabetes is a disease in which the body is not able to make proper use of foods which contain carbohydrates (sugars and starches).

There are two major types of diabetes. Juvenile onset diabetes is generally considered to be the more serious type which usually appears abruptly during childhood or adolescence, but may occur in adults of any age who are at or below their ideal body weight. Insulin therapy is almost always necessary in addition to diet control and proper excercise.

Adult onset diabetes is a milder, but much more common form of the disease. It usually occurs in overweight adults. Once in control it can often be managed by careful diet and excercise alone, however, insulin therapy or medication may be needed if blood sugar levels are consistently too high.

Press Release

SENIORS IN THE KNOW

CHOLESTEROL

(This is the first in a series of three articles on cholesterol.)

What is Cholesterol?

Cholesterol is a word which has become familiar to most Americans. Just what is cholesterol? Cholesterol is a waxy, fat related substance which is needed in every body.

1. Cholesterol is present in many animal-type foods, but not in plant type foods. Therefore, it is found in meats, milk and milk products but not in fruits, vegetables and grain products.
2. Cholesterol is made in the liver, by your own body. Each day, your body makes up to four times more cholesterol than you could eat in that time period.

Your Body Needs Cholesterol

Cholesterol is an essential part of the human body and necessary for total body function.

1. Cholesterol is used by the brain and nervous system to transmit nerve messages throughout the body.
2. Cholesterol is part of human skin and part of every cell in the human body.
3. Cholesterol is essential for making sex hormones in the human body.
4. Cholesterol is needed in the liver where it forms bile acids which help absorb dietary fat.

Cholesterol is needed in each human body, but except for infants, it is not essential in diet because your body makes the cholesterol it needs.

Press Release

SENIORS IN THE KNOW

CHOLESTEROL

(This is the second of a series of articles on cholesterol.)

Why Should You be Concerned about Cholesterol?

Persons who suffer heart attacks almost always have above normal levels of cholesterol in their blood. Doctors and scientists have found that cholesterol is a major constituent in plaque which forms in blood vessels in the body. Cholesterol plaque narrows the blood vessels and may be a factor in heart disease, high blood pressure and stroke.

In the U.S., people tend to eat a diet high in saturated fats and cholesterol. Eating this type of diet will increase the blood cholesterol in most people. However, there are wide variations between individuals related to heredity and the way a person's body uses cholesterol. For most people, a reduction in intake of fat, saturated fat and cholesterol is sensible. This is especially true of persons who have high blood pressure or persons who smoke.

Press Release

SENIORS IN THE KNOW

CHOLESTEROL

(This is the third and final article on cholesterol.)

Improve Your Diet

If you have a high cholesterol problem you can choose many foods to improve your diet. Vegetable margarine has 0 cholesterol content, butter has 10 mg per serving, one egg yolk contains 240 mg of cholesterol, peanut butter has 0. Here are diet tips:

1. Choose lean meat, fish, poultry and dry beans and peas for protein sources. Avoid sausage, salami, eggs, and organ meats such as liver and brains.
2. Trim excess fat off meat and broil, boil or bake rather than fry.
3. Use skim milk and skim milk cheese products, not products made from whole milk and cream.
4. Read labels to determine amount and types of fat contained in food.

In addition to restricting cholesterol and fat intake, these changes will also reduce risk of heart disease.

1. Do not smoke.
2. Exercise regularly.
3. Maintain ideal body weight - avoid being underweight and overweight.
4. See your doctor regularly if you have high blood pressure or diabetes.

How do you know if you are eating foods with too much cholesterol? The only way to really know if you have a problem is to have a blood test given by your doctor.

In our society though, it would probably benefit everyone to cut down on the fat consumed.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the first in a series of eight articles on keeping healthy.)

Medications

Just as some medications should not be stored together, some medications should not be taken together. A recent article in a medical journal tells of a gentleman who consulted one doctor because he thought he was anemic. This was found to be the case and the doctor prescribed medication to build up his red blood cells and in a sense thicken the blood. A short time later the same man consulted his family physician about another problem and was found to have high blood pressure. Being embarrassed about having been to another doctor nothing was mentioned about the other drug. The family doctor prescribed a blood thinner. The combination of the two medications could have killed him. Fortunately, the gentleman took each prescription to the same pharmacist who kept good records for his client and recognized the potential danger.

It is important to take medications only as recommended. There are particular reasons for directing you to take them at certain times of the day, with meals, with water or milk, under the tongue, or whatever the case may be. Do not take more than prescirbed because you feel the medication is not as effective as desired. Check with your doctor for any change that is to be made.

Some additional rules to follow are:

1. NEVER give your prescribed medication to another person.
2. NEVER take another person's prescriptions.
3. Discard outdated medications! Chemical changes can take place, making these a lethal weapon.
4. Be very cautious about taking drugs you can purchase over the counter. Usually if you find you are taking large doses of these, you need a doctor's care for your problem.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the second in a series of eight articles on keeping healthy.)

Medications

Part of the reason life expectancy has risen so dramatically in the last years is because of scientific advancement with chronic diseases. A large percentage of the population is sustained by the medications they take regularly. Of course there are risks involved in the handling and consumption of drugs.

Some people put their pills in a container marked for each day of the week. The idea itself is not bad, as it serves as a way of knowing whether you have taken your medications. Most pills can be stored in this manner, but there are some prescriptions that should not be stored with anything else. Simply tell your pharmacist you transfer your pills to a daily container so that he can advise if this is a safe practice for your particular medications.

Pills should never be transferred from one prescription bottle to another. If you are traveling be sure to take the individual bottles along with you. If you have a medical problem while away from home it is very helpful for another doctor to know exactly what you are taking and the daily strength.

Nito-glycerin is stored in a dark bottle because it is sensitive to light. It should NEVER be stored with other medications as it can cause harmful chemical reactions. Also it is most important to check the expiration date on nitro-glycerin since it loses its potency and could be totally ineffective just at the time it is suddenly needed.

If you have any questions concerning your particular prescriptions it is very important for you to consult your doctor or pharmacist.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the third in a series of eight articles on keeping healthy.)

Keeping Healthy with Exercise

If exercising is mentioned most people immediately picture vigorous exercises such as sit-ups or push-ups. But there are very simple exercises to help keep yourself more agile, tone muscles and improve circulation. Remember, what you don't use you lose! If you are no longer using certain muscles they begin to atrophy or harden and muscles nearby are rendered less effective. There are some very simple exercises that you can do even as you sit and watch television.

Something as simple as a light bean bag can be tossed back and forth. If there is only one person then toss it in the air and catch it. This should be done with rhythm opening the hand fully and closing firmly as you catch the bag. A soft or Nurf ball can be massaged in each hand, open fingers wide and then squeeze firmly or tighten fingers one at a time around the ball. Another good exercise for the hand and fingers is to spread out newspaper pages and then try to bunch up one sheet at a time using only one hand.

To exercise the arms and wrists try this -- One, extend arms out to sides; two, bring fingertips to shoulders; three, extend arms again and rotate wrists; four, rotate wrists again. Or with arms extended draw circles in the air, again counting to four. Repeat exercise. Extend arms in front of you and repeat exercise.

While still sitting in a chair exercise your neck, arms and legs. Place your chin on your chest, now slowly move it to your right shoulder, then tip your head back, now chin on left shoulder and then back to the chest. Remember to do this slowly as too quickly will make you dizzy and count each step as one, two, three, four.

Trying to pick up objects with your toes is good for your feet. Place a few small objects on the floor, pick them up with your toes and drop them in a nearby container. Bringing the object up so you can take it in your hands will also help the knees and hips.

For the legs, while still sitting, extend one leg out in front of you, lift the leg off the chair an inch or two, then put foot back to the floor. It should be done rhythmically

like this -- Extend, lift, extend and down -- Extend, lift, extend and down. Repeat an equal amount of times with other leg. If this is too difficult do a marching in place exercise. You may feel muscles you forgot you had!

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the fourth in a series of eight articles on keeping health.)

Keeping Healthy with Exercise

There are two standing exercises which do not call for much exertion but are still effective in keeping us loosened up. The first is the old hands on hips and twist from the waist. One, twist right; two, face front; three, twist left; four, face front. Repeat several times. The second standing exercise consists of simply holding on to your dresser or a counter with one hand while you swing the opposite leg.

You may have heard it stated the best exercise is leaving the car in the garage. Yes, walking is extremely good for all of us. Take precautions, do not walk so far from home that you could have difficulty getting back. Keep in mind it does not have to be extremely hot or cold for an older person to have problems with heat exhaustion or cold exposure. However, good muscle tone can help you to better endure the extremes in temperature.

Even simple exercising is only effective if repeated each day. The right kind of exercise taken in the right amount is an important investment for you to make for your own health. Add good nutrition to exercise and you will be practicing preventative medicine. For any exercise program more vigorous than those given here you would need your doctor's approval.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the fifth in a series of eight articles on keeping healthy.)

Home Safety

Scatter Rugs -- Scatter rugs are like a time bomb waiting to go off. The number one item in the home responsible for sending elderly people to the hospital with broken hips is the scatter rug.

Scatter rugs are dangerous for several reasons. If placed on a carpet they are seldom stationary and often become bunched up causing a definite hazard to trip over. On a hard floor, if not well rubberized or taped down it is possible for them to slide. Rugs become worn on the edges causing one more way to catch the toe and fall.

As an alternative to the loose type throw rugs there are mats which are available that have edges beveled to meet the floor. They are also rubberized on the bottom to prevent slipping. They can be purchased for less than $10.00 which is a small price to pay for prevention of a broken hip.

Other Falling Dangers -- Very often a serious fall will result when we try to make repairs without proper equipment or assistance. Chairs were never meant to be ladders -- even a ladder is unsafe if it is not in good repair. Maybe a neighbor, friend, or relative would be glad to change that lightbulb or paint the window sills for you if they only knew it needed doing.

Good lighting for stairways and for your outside walkways is essential. Keeping a container filled with sand available by each outside door during icy weather could help prevent a serious fall. It is also important to have a good light or flashlight beside the bed for those middle of the night jaunts to the bathroom.

A cluttered house creates another possibility of tripping and causing a serious fall as well as being a potential fire hazard. If you have outside help with some of your household chores remind them to leave your furniture in the same place it was found. When you come around the corner you do not want to find an unexpected chair in your way.

Why not check your house and your habits, with safety in mind, during the next week.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the sixth of a series of eight articles on keeping healthy.)

Home Safety

Furnace Check-Up -- In many localities the utility company will send out a notice during August suggesting that you have your furnace checked. They will usually send out a service person free of charge, if you have it done before the busy winter season gets under say. The biggest item for concern is a furnace that does not vent properly which can result in a build-up of carbon monoxide in your home. Carbon monoxide is a silent killer. Persons who are being overcome with this poisonous gas are often not aware of what is happening. The signs and symptoms are so similar to those of flu that help is not sought while they are still conscious. In families, all the people will begin to experience the same symptoms which include nausea, vomiting, light headedness, dizziness, tingling sensations, and general weakness. Therefore a person living alone is at a greater risk of not recognizing what is happening.

If it has been more than two seasons since your furnace has been checked you should have it done as soon as possible. Call your local utility company and ask if they provide this service.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the seventh in a series of eight articles on keeping healthy.)

Hypothermia

Those persons on fixed incomes who have been lowering their thermostats in order to save money on utility bills should observe the following measures to compensate for the lower temperature:

1. Eat hot meals which include protein, bread, and lots of fruits and vegetables.
2. Drink hot liquids.
3. Wear warm, loose fitting clothing, several layers are better than one.
4. Wear hats inside and even night caps and socks to bed -- 50% of body heat is lost through the top of the head.
5. Sleep in plenty of blankets or use an electric blanket, which costs about 5 to 8 cents per night.
6. Keep draperies and shades closed at night.
7. Place rolled newspapers, towels, or rugs at the bottom of doors to reduce drafts.

Persons with certain health problems are particularly susceptible to hypothermia (lowered body temperature). If you have chronic arthritis, have had a stroke, paralysis or amputation or if you are on a depressant type of medication, you need to be extremely cautious about staying warm.

Hypothermia is often unsuspected because it develops gradually. People who live alone should have someone who contacts them each day, someone who is aware of the signs and symptoms of hypothermia which include:

1. Bloated, pale or waxy skin, which is sometimes oddly pink.
2. No longer able to shiver.
3. Slowed heartbeat, slurred speech, and slow breathing.
4. Body temperature below 95 degrees fahrenheit.
5. Drowsiness, perhaps lapsing into coma.

It has been recommended by utility companies that you turn your thermostat not lower than 68 degrees if you have medical problems and then only if you take the above mentioned precautions.

Press Release

SENIORS IN THE KNOW

KEEPING HEALTHY

(This is the eight and final articles in a series on keeping health.)

Heat Exhaustion and Heat Stroke

In the summer the rising temperature and humidity can combine to bring on problems. If the air is hot and dry then the prespiration, which we produce as our cooling system, is able to evaporate and we are able to tolerate the increased warmth. However, if the humidity is high and the air is already saturated, our cooling system is much less effective. Our body tries to compensate by bringing more blood to the surface to be cooled which results in less blood going to vital organs. The signs to look for in this case are: fast pulse rate, headache, dizziness, impaired thinking, nausea or cramping. The skin may be pale and clammy changing finally to hot and dry. The body temperature can rise to 106 degrees in a very short time causing the person to go into seizures or coma.

Precautions can be taken to prevent heat stroke and are of utmost importance for the person who does not use air conditioning.

1. Drink plenty of liquids and eat a light but nutritious diet. Several small meals are better than one heavy meal.
2. Wear lightweight clothing but protect the skin surface when outdoors.
3. Keep sun out of the house by pulling shades and draperies on sunny windows.
4. KEEP AIR CIRCULATING! This is most imporant if the body is to be able to use its sweating mechanism to keep us cooler. The new ceiling fans on the market are less expensive to run than air conditioning and circulate air very well.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the first article in a series of eight on weight control.)

Being overweight has become a common problem in the United States. People eat approximately the same number of calories today as was eaten at the beginning of the century but, due to the many labor saving machines that are available today, far less calories are burned. Also, a large proportion of the calories consumed comes from refined sugars, starches, and fats which aggravate the obesity problem, since these calories are more efficiently absorbed by the body than calories from unrefined, fibrous foods such as whole grains, vegetables, fruits and legumes (dried peas, beans and lentils).

Absorbing more calories than are burned causes the body to store the excess energy in the form of fat. Being fat not only makes one feel unattractive, but also makes regular work and recreation more difficult causing the overweight individual to shun extra activities.

Chances of developing certain chronic disorders are increased for the overweight individual. Obesity is associated with high blood pressure, increased levels of blood fats and cholesterol and the most common form of diabetes. Thus, the maintenance of an ideal body weight is of vital importance.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the second in a series of eight articles on weight control.)

The maintenance of an ideal body weight is of vital important, but how does one determine ideal body weight?

There is no absolute answer. One can consult height-weight tables which show acceptable weight ranges for most adults. However, there is another way to determine an approximate ideal body weight without using a chart.

MEDIUM FRAME

Males: Begin with 106 pounds for the first five (5) feet of body height and add six (6) pounds for each additional inch.

Example: The ideal weight of a 5'10" male of medium frame is 166 pounds.

5 feet	= 106 pounds
10 inches x 6 pounds	= 60 pounds
	166 pounds

Females: Begin with 100 pounds for the first five (5) feet of height and add five (5) pounds for each additional inch.

SMALL FRAME

Persons with a small frame and bones should subtract 10% from the above total.

LARGE FRAME

Persons with a large frame and bones should add 10% to the above total for persons with a medium fram.

It may be difficult to reach or to maintain weight within the "acceptable range" if an individual has been overweight since childhood. For most persons, their ideal weight should not be more than it was at age 18-25 years old. As one grows older the caloric requirement is reduced. So eating the same amount of food that was consumed 20 years ago will result in stored fat.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the third in a series of eight articles on weight control.)

How does excess body fat pile up where it is not wanted? It comes from eating more food than is burned up by physical activity and bodily processes. Foods furnish heat energy which is measured in units called calories. If one takes in more calories than are burned up by activities and basic body functions, surplus calories are stored in the form of body fat. Calories have no other place to go.

There are two safe and natural ways to reduce body weight:

1) Eat less to reduce caloric intake.

2) Increase physical activity to burn up more calories.

Either way, a calorie deficit is produced. Calories needed by the body are taken from the fat stores which then shrink. Successful weight reduction almost always requires reasonable restriction of food intake combined, when possible with more activity.

Weight reduction must be done gradually, at the rate of one (1) to two (2) pounds a week, which is relatively safe and much more likely to be maintained.

Long term success depends on acquiring new and better eating habits and a daily excercise routine. This is why "crash" diets usually fail in the long run. Crash diets which are severely restricted in the variety of foods allowed should be avoided. Diets containing fewer than 1200 calories likely will not contain all the vitamins and minerals needed for good health. Diets with fewer than 800 calories may be hazardous to one's healthy causing hair loss, kidney stones, disturbing phychological problems, and even sudden death without warning.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the fourth in a series of eight articles on weight control.)

What To Expect when Reducing

Diets can be standardized, but people cannot. Individual factors such as amount of exercise or water retention can affect the apparent speed of reducing. It is quite possible to lose fat although for a time the scales may show little or no weight loss.

Allowing for individual variation, experienced nutritionists generally agree on some broad statements about weight reduction.

1) The greatest weight loss for most people following a low calorie diet usually occurs in the first week.
2) Weight loss may hit a plateau at the end of four to six weeks. It is important not to be discouraged by this plateau. This is normal and individuals on a diet must stick with the diet. Weight loss will continue in a week or so.

Expect less weight loss for one week than another, don't be surprised. Very few reducers will show consistent, unvarying weight loss from week to week. The scales may show considerable fluctuation from day to day -- up today, down tomorrow. Often this is a matter of fluctuating body fluid reflecting changes in salt and water balances. Every pint of retained water is equivalent to one pound of body weight, not fat. This can hide fat loss that is actually occurring. Generally fluid fluctuations are greatest in the first stages of reducing after which the body seems to adjust and the scales more truthfully reflect actual fat weight lost.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the fifth in a series of eight articles on weight control.)

Misconceptions About Reducing

Misconceptions about reducing explain the appeal of many lose-weight-quickly schemes which seem to promise weight loss by magic with no effort at all. Novel diets of supposedly superior thinning power keep springing up and fading away. Sometimes it is implied that the calories of certain foods or beverages are totally ignored by the body or sometimes it is claimed that certain food combinations can "melt away" body fat. But calories always count, no matter what their source and there are no foods with the properties to "melt away" fat.

Massage, by hand or with vibrators has valuable uses, but not for reducing body weight. Fat will not rub off. Local deposits can't be reduced by rollers and can't be shaken off by vibrators. If so called spot reducing measures seem to work, it is because the subject has eaten less or has gotten more active excercise or both. Passive exercise--the kind in which all the effort is provided by another person or a motor driven machine--is useless for shedding fat or increasing muscle strength, though it may make a person feel good.

Water is part of total body weight. Sweating, from exercise, a hot bath, or baking in a steam cabinet can get rid of a pound or two in a hurry. But it is merely water which is promptly replaced when the person drinks more water. Body fat cannot be steamed off.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the sixth in a series of eight articles on weight control.)

Tips for Reducers

A well-balanced reducing diet is never a "starvation" diet for anyone with fat to lose. The so-called "hunger pangs" of reducing are usually not due to hunger but to appetite. The following are a few suggestions to stretch a low-calorie diet into a lot of eating satisfaction:

1. Eat 4, 5, or 6 small meals daily. Distribute the daily food allowance into smaller meals to be eaten more frequently.
2. Eat slowly; savor each morsel; take small bites. Slowing down can actually prevent individuals from eating more food than is wanted or needed since it takes a little time for the appetite to signal that it has been satisfied.
3. Bulky foods help prolong the meal. Low calorie vegetables provide a lot of bulk and very few calories.
4. Do not eat when not hungry. This includes munching on foods which are hard to leave alone such as peanuts and popcorn or eating foods just to please the hostess.
5. Artificial sweeteners can be useful to some people on reducing diets. Artificial sweeteners only contribute artificial sweet flavor, but this can be helpful to satisfy the craving for something sweet.

Weigh just once each week, preferably at the same time of the day. Weighing daily is unnecessary since most scales don't reflect the ounces lost in a day. For added incentive write down actual weight each week so progress can be recorded.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the seventh in a series of eight articles on weight control.)

Behavior Modification

Some things individuals can do to help avoid eating too many calories come under the category of behavior modification. Psychologists have studied human behavior and over-eating and have found certain patterns or behaviors associated with over-eating. The following are some basic behavior-changing techniques:

1. Become aware of portion sizes and the amounts of calories in a certain portion. Measure portions, never eat from a large bowl.
2. Do not snack on leftovers. Although it may be a good practice to avoid wasting food, it is still a waste of food when it is eaten when not needed. Whenever possible, prepare exact amounts of food needed. Excess prepared food is better thrown away than to be cleaned up by eating. Perhaps the leftovers can be worked in at another meal.
3. Take care when sampling foods while cooking. Taste small amounts and only as needed.
4. Do as much food preparation as possible when full rather than when hungry. Try drinking a cup of bouillon, water, or tea to help satisfy hunger before meal preparation.
5. Don't keep foods around the house. Store foods out of sight in the kitchen so they do not become a constant temptation. Store foods that are a special temptation in a hard-to-reach place.
6. Eat at only one place in the house--preferably the kitchen or dining room table. Don't eat standing up or pair eating with another activity such as watching television or reading a book.
7. Use a small plate to make your small portions appear larger.
8. Give rewards for weight loss with something other than food. Seeing a movie or buying a new dress would be suitable non-food rewards.
9. Keep busy so boredom doesn't become temptation to eat. Take a walk or exercise when tempted to eat.

Press Release

SENIORS IN THE KNOW

WEIGHT CONTROL

(This is the final articles of a series on weight control.)

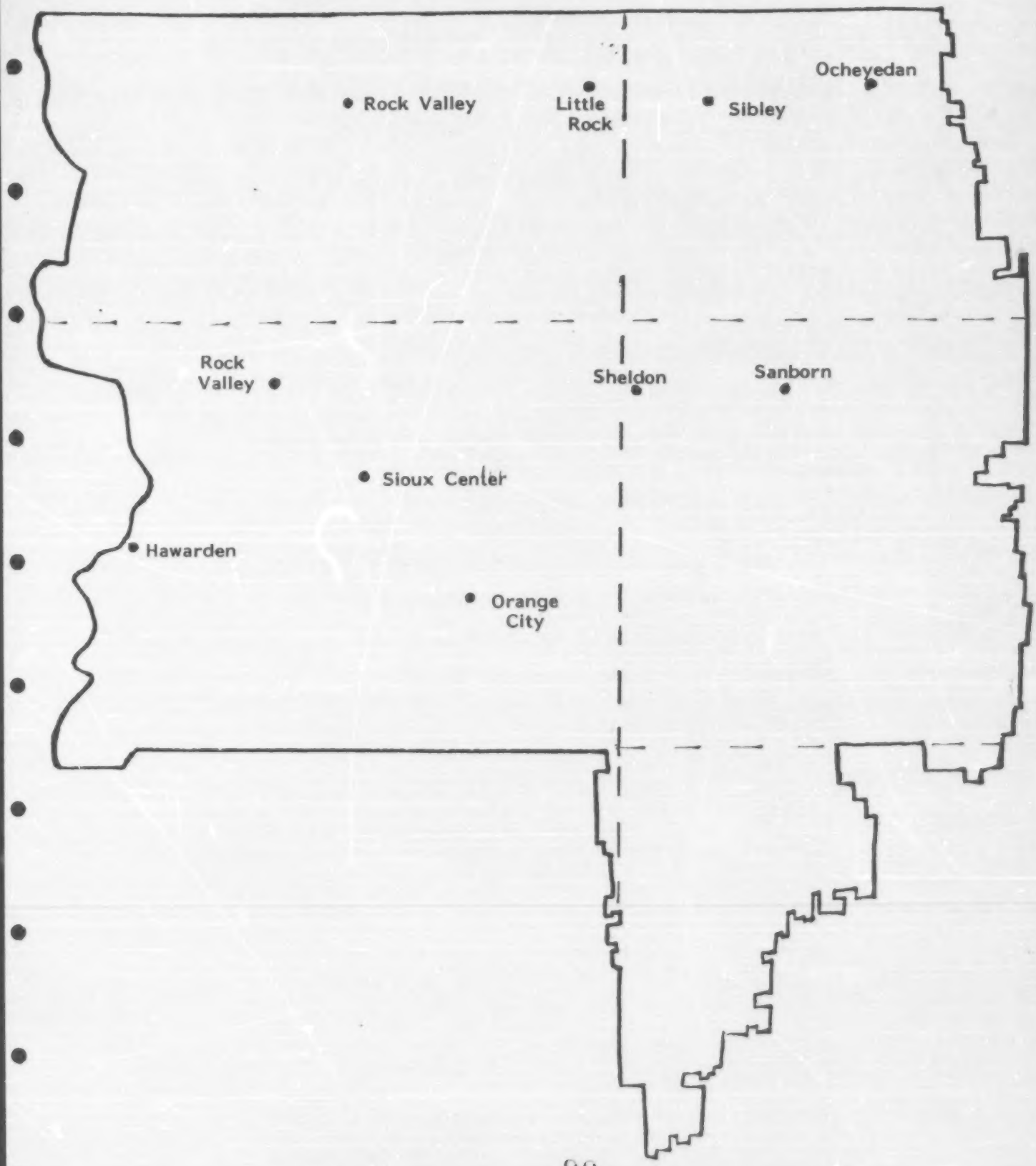
Individuals with more than 10 pounds to lose should consult a doctor for a physical before embarking on a weight loss diet. Dietitians are also trained professionals who can help by setting up a personalized diet plan. These professionals can help by answering questions and providing specific nutrition information that may help individuals stay on a diet.

Be aware that it isn't safe to continue on a weight loss program if there is no more excess fat to lose. Health authorities know that being underweight can be as unhealthy and potentially dangerous as being overweight. Many persons have been caught up in the too-thin syndrome that has swept the United States in recent years.

Also remember there is no reason to feel constantly guilty about being overweight. Guilt is not a positive emotion and it is usually not a helpful emotion to the dieter. Positive attitudes are needed to contribute to the success of overweight individuals who are trying to reduce.

APPENDIX H

Communities Where 310 Programs were Presented to Seniors at Congregate Meal Sites



APPENDIX I

TEACHING METHODS FOR OLDER ADULTS

Rate of Presentation of Information:

1. Go Slower - present new information at a fairly slower rate
2. Limit Material - present a limited amount of material in any single presentation to prevent swamping effects
3. Allow Time for Questions - provide adult learner with ample time to respond to questions.
4. Proceed at Learner's Rate - let adult learner proceed at his/her own rate whenever feasible

Organization of Information:

1. Organize New Information - present new information in a highly organized fashion
2. Use Section Headings, Handouts, Summaries - use section headings, handouts, summaries, etc., so that adult learner can get a "handle" on material
3. Avoid Irrelevant Material - avoid introduction of irrelevant information in order to prevent confusion
4. Use Simple Visual Displays

Feedback:

1. Provide Verbal Feedback - give correct response after each component of task is completed
2. Make No Assumptions About Performance - poor performance on a complex task may not be indicative of low aptitude

Introduction of New Material:

1. Eliminate Inappropriate Responses - identify and eliminate inappropriate responses which may "compete" with appropriate response
2. Stress Differences Between Concepts - stress differences, before emphasizing similarities
3. Assess Level of Adult Learners - introduce new material at appropriate learner level
4. Use Variety of Techniques - introduce a variety of techniques for solving problems

Degree of Learning:

1. Provide Opportunity to Overlearn - provide ample opportunity for adult learner to overlearn material before moving on to new material
2. Remove Time Constraints - remove constraints from instructional and evaluation process

Enhance Learning and Performance:

1. Use Adult Learner Experiences
2. Relate New Information to What Learner Knows
3. Maximize Opportunity for Positive Transfer - develop learning sets

Teaching Strategies:

1. Show Actual Examples - demonstrate
2. Encourage Learner Transfer
3. Present Meaningful Information - present information which has meaning for the adult learner
4. Use Concrete Examples and Illustrations

Mode of Presenting Information:

1. Use Audio for Immediate Use - use auditory mode of presentation when presenting discrete bits of information to be used immediately
2. Use Visuals for Text Material - use visual mode when presenting textual materials to capitalize on opportunity for review during reading
3. Utilize Models - utilize models to facilitate strategy development

Climate:

1. Establish a Supportive Climate
2. Encourage Adult Learner to Take Educated Guesses

APPENDIX J

Adult Educators Workshop
on
Instructional Programs for Senior Adults

Introductions

Project Background

Teaching Techniques when Working with Senior Adults

Results from Senior Interest Survey

Review Teaching Units Developed

- High Blood Pressure
- Salt Restricted Diets
- Cholesterol
- Staying Healthy
- Diabetes
- Social Security
- Living Off a Limited Income
- Medicare and Supplemental Health Insurance
- Cooking for 1 or 2

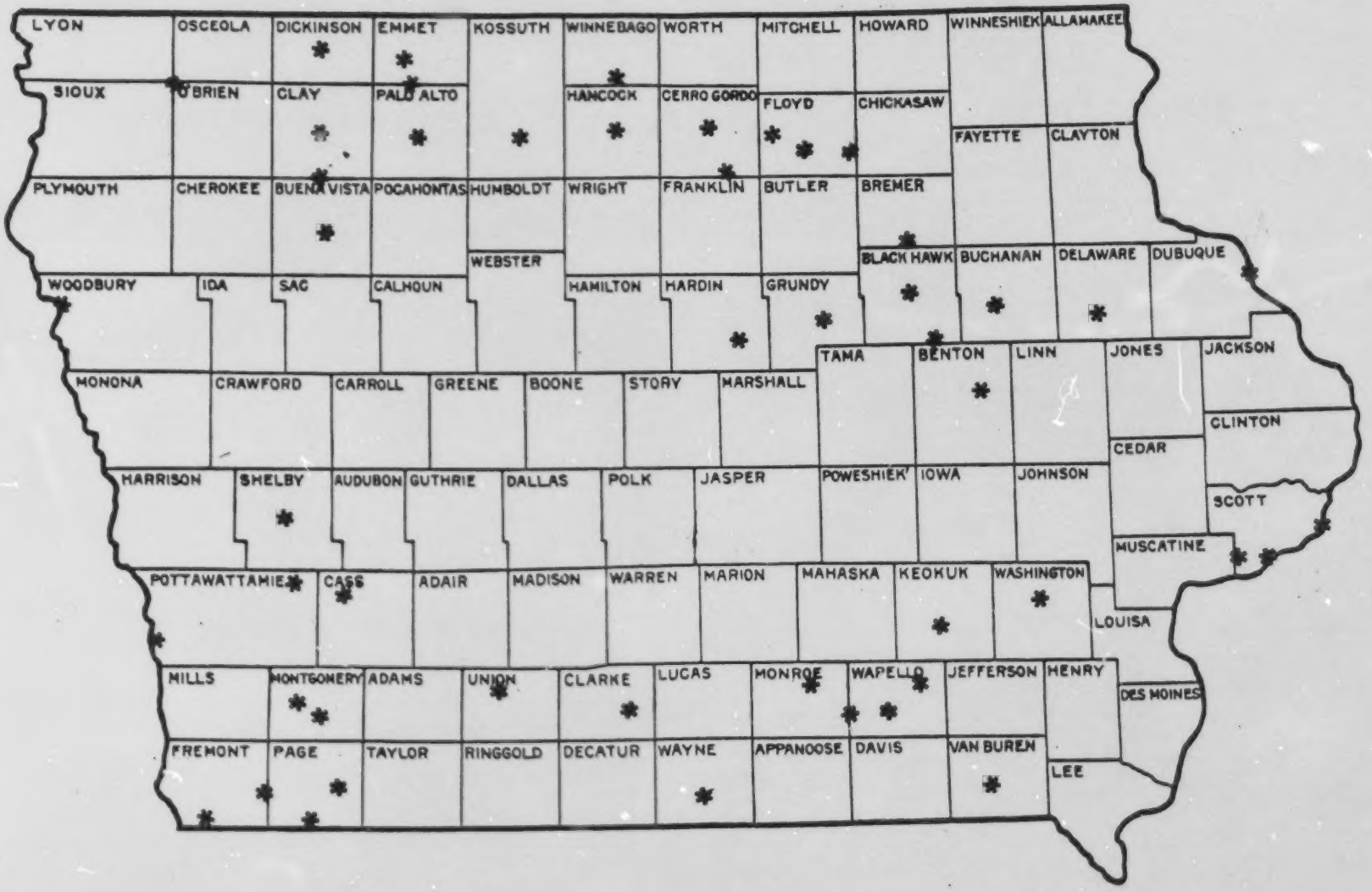
Other Available Materials

Distribute Materials to Participants

Evaluation

APPENDIX K

COMMUNITIES REPRESENTED AT 310 WORKSHOPS



APPENDIX L

TITLE OF UNIT: _____

NAME OF INSTRUCTOR: _____

Description of group presented to:

_____

_____

_____

Approximate time spent on unit: _____

Reaction to unit (What was most helpful? - What was of least use? - Does anything need to be added? - etc.):

_____

_____

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APPENDIX M

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyalbe and worthwhile program?		Did you fill out the survey sent out about 6 months ago to dinner date sites for ideas.		If yes, did you have this program as one of your choices?		What other programs would you like to see?
				F	M	Yes	No	Yes	No	Yes	No	
Cooking for 1 or 2-Part II Economically	May 19	Sioux Center Dinner Date	Cindy Staron	10	10	12	4	4	9	3	5	1. More recipes - 2 responses.
Cooking for 1 or 2	June 15	Rock Valley Dinner Date	Cindy Staron	13	7	16	1	6	5	3	1	1. Films, slides. 2. Cooking for 1 - what kind of meat. 3. Crafts - 2 responses. 4. Hurry up meals when unexpected guests come - salads too. 5. Quick and easy to fix meals - 2 responses. 6. Low blood pressure or pernicious anemea. 7. Cooking with less salt.
Salt Restricted Diets	June 16	Rock Valley Dinner Date	Cindy Staron	32	11	36	0	9	23	8	6	1. Have a fire drill - 2 resp. 2. Have a fun party. 3. More card playing. 4. Sugar information - 2 responses. 5. Preservatives in food - 2 responses. 6. Sugar restricted diet. 7. Improved cooking for better health - 2 responses. 8. Programs on nature and foreign countries. 9. Good films 10. Recent slides 11. Exercise. 12. Hobbies for men and women. 13. Ways to make money for the center. 14. Cooking without salt.
Salt Restricted Diet	July 6	Sioux Center Dinner Date	Cindy Staron	38	13	33	0	7	23	9	1	1. Sugar diet. 2. Weight reduction. 3. Longevity. 4. Loneliness. 5. Allergies and food - 2 responses.
Cooking for 1 or 2	Feb. 4	Sheldon Dinner Date	Marty Van Ekeren	7	2	8	0	3	5	1	0	1. Microwave cooking and baking.
Cooking for 1 or 2	March 8	Orange City Dinner Date	Marty Van Ekeren	15	9							Time did not allow for evaluations to be completed.
Cooking for 1 or 2	Feb. 19	Sheldon Dinner Date	Marty Van Ekeren	19	8							Time did not allow for evaluations to be completed.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		Did you fill out the survey sent out about 6 months ago to dinner date sites for ideas.		If yes, did you have this program as one of your choices?		What other programs would you like to see?
				F	M	Yes	No	Yes	No	Yes	No	
Cooking for 1 or 2-Part I Nutritionally	1982 April 19	Hawarden Dinner Date	Cindy Staron	26	16	27	0	12	13	12	3	1. Simple recipes for 1 serving household. 2. Musical. 3. More music. 4. Bingo. 5. More entertainment, group singing - 3 responses. 6. Diabetic - 2 responses.
Cooking for 1 or 2-Part II Economically	April 26	Hawarden Dinner Date	Cindy Staron	27	16	23	0	13	4	11	1	1. Checkbook information. 2. Blood pressure and stress. 3. Vitamins and minerals. 4. Musical. 5. More entertainment. 6. Arts and crafts.
Salt Restricted Diet	May 3	Hawarden Dinner Date	Cindy Staron	28	15	21	0	15	7	13	1	1. Musical - 2 responses. 2. Singing, school programs.
Cooking for 1 or 2-Part I Nutritionally	May 17	Sioux Center Dinner Date	Cindy Staron	13	8	13	0	2	10	1	0	No comments.
Cooking for 1 or 2	Mar. 4	Sheldon Dinner Date	Marty Van Ekeren	7	1	7	0	4	4	1	1	1. Low sodium diet - 3 responses. 2. Stress - 3 responses. 3. First aid. 4. Travel films.
Cooking for 1 or 2	Mar. 22	Sanborn Dinner Date	Marty Van Ekeren	22	5	17	0	11	3	8	2	1. Calligraphy.
Salt Restricted Diets	April 22	Sheldon Dinner Date	Marty Van Ekeren	8	7	9	1	3	7	1	1	1. Foods that would be good for those with impaired digestion.
Cooking for 1 or 2	Mar. 24	Ocheyedan Dinner Date	Marty Van Ekeren	33	21	21	2	9	15	7	6	1. Music - 3 responses. 2. Eating alone and menus. 3. Recipes in smaller portions. 4. Insurance for senior citizens. 5. I'm satisfied the way it is going. Enjoy everything.
Cooking for 1 or 2	Feb. 16	Sibley Dinner Date	Marty Van Ekeren	19	6	18	0	5	8	4	1	1. Money management. 2. Art works, novelties. 3. Entertaining ideas.
Cooking for 1 or 2	Mar. 15	Sibley Dinner Date	Marty Van Ekeren	14	3	13	0	5	8	4	0	1. Easy crafts. 2. Diabetis. 3. Hints on saving money. 4. Anything. 5. Gardening.
Cooking for 1 or 2	Mar. 30	Little Rock Dinner Date	Marty Van Ekeren	17	10	9	3	1	8	2	0	1. Tips on saving money.
Cooking for 1 or 2	Mar. 23	Sanborn Dinner Date	Marty Van Ekeren			20	1	10	7	6	3	1. No sandwich meals as this is what senior citizens live on too much. 2. Enjoy all - always learn something. 3. Bachelor meals.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Medicare and Supplemental Insurance	1982 Oct. 28	Sheldon Dinner Date	Donna Brinkman	20	29	23	0	1. A clear explanation. 2. Information in regard to the various policy - what we should know. 3. They need another insurance besides Medicare. 4. Remind people they need a supplemental insurance besides Medicare. 5. The way both Medicare and the insurance was explained. It explains how much insurance a person really needs. 6. The dinner - who wants to think of hospitals? The efficiency in presenting the different coverages. I do feel Major Medical should have been covered more thoroughly. 7. Every bit of the speaker. 8. Supplement to Medicare. 9. Explaining hospitalization. 10. Knowing what you yourself would have to pay when in the hospital.	1. Estate planning. 2. What are some allowable tax deductions for income tax. 3. Total nursing home care for income tax purposes. 4. A short lecture on what investments are best for senior citizens. 5. More about insurance. A good program, well informed and worthwhile. Hope to hear her again. Pleasing personality. 5. What you have to pay taxes on: social security, PERS, money on interest, etc.
Medicare and Supplemental Insurance	Nov. 17	Sibley Dinner Date	Donna Brinkman			17	0	1. Everything. 2. Enjoyed all of it. 3. Answered most of my plan 2 problems. 4. Entire program. 5. The explanations and discussion. 6. Explanation of insurance, medicare and supplement. The insurance we have is supplemental group insurance which pays what medicare doesn't. 7. Explaining Social Security and Supplemental Insurance.	1. More programs explaining supplemental insurance. 2. A better supplemental insurance. 3. A better supplemental insurance.
Medicare and Supplemental Insurance	Nov. 19	Little Rock Dinner Date	Donna Brinkman	13	6	13	1	1. When the talk was over. 2. Yes, very much so. We need more of this. 3. OK from start to finish. 4. The dishonest insurance. 5. Enjoyed the Medicare program.	1. Like to know more of this 10% the government is going to take from our interest checks which we need to live on since Social Security isn't enough to live on. 2. Whatever you have I enjoy.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Medicare and Supplemental Insurance	Dec. 6	Sanborn Dinner Date	Donna Brinkman	28	12	33	0	1. I learned lots of things because should have insurance by spring. 2. Bingo on Monday, birthday dinner. 3. Eating. 4. Bingo on Monday. 5. Dinner date. 6. Information, educational. 7. The clear-cut presentation of facts. 8. Discussion. 9. Visiting with other seniors. 10. Comparison sheet. 11. A presentation rather good. 12. All of the talk. 13. Information on Medicare and Medicade.	1. Anything educational that applies to their problems. 2. Exercises, singing, musical numbers. 3. Income tax.
Medicare and Supplemental Insurance	Dec. 2	Ocheyedan Dinner Date	Donna Brinkman	12	17	13	0	1. Well balanced meals. 2. Medicare. 3. About medicare. 4. Explaining insurand. We have other insurance other than medicare. 5. Dinner 6. If you do not know about it before now. 7. Her talk. 8. You!	1. Hobbies.
Medicare and Supplemental Insurance	1983 Jan. 10	Orange City Dinner Date	Donna Brinkman	22	16	10	0	1. Subject of medicare. 2. Nice explanation. 3. Informative - what it doesn't cover. 4. All. 5. All. 6. All. 7. Information about things I did not know yet.	1. Travel opportunities.
Medicare and Supplemental Insurance	Jan. 20	Sioux Center Dinner Date	Donna Brinkman	27	9	24	1	1. Information. 2. Information. 3. Explanation of medicare and medicade. 4. About medicare. 5. About skilled nursing home. The agents tell you wrong. 6. Good explanation of Medicare and individual paid. 7. Knowing about certified nursing home not quailifying for medicare. 8. What medicare provides and what individuals can expect to pay. 9. What is expected of the individual. 10. Her explanation of medicare and hospital insurance.	1. To know more about Blue Cross-Blue Shield. 2. More about insurance programs. 3. Would like to know more about the supplement. 4. Worthwhile crafts. 5. More about nursing home care - possibilities for.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Medicare and Supplemental Insurance	Jan. 17	Rock Valley Dinner Date	Donna Brinkman	18	8	23	0	1. Explaining insurance and medicare. 2. The openness of what she told us. 3. The way you explained your talk. 4. Most enjoyable. 5. All of it was interesting. 6. The way she explained it and was so willing to help you. 7. The way she explained it and was so willing to help you. 8. All the information. 9. All about medicare. 10. The talk. 11. The talk she gave. 12. Explanation of what is covered quite well. 13. The speaker. 14. Telling about medicare.	
High Blood Pressure	Feb. 7	Rock Valley Dinner Date	Lois Van Mannen	18	7	10	0	1. The speaker. 2. The way she explained everything and what to look out for. Very worthwhile listening to. 3. The way she explained the symptoms of high blood pressure. 4. All of it. 5. Enjoyed it all. 6. All of it, about blood pressure. What we can eat to keep it down. 7. The program it was very informative. Thanks. 8. All of it. 9. The speaker was very good and thorough.	1. What were the right things to eat for people our age? How much exercise, etc.? 2. Nutrition, exercise, back trouble. 3. Nutrition. 4. What kind of exercises. 5. Anything seniors should know.
High Blood Pressure	Feb. 9	Sibley Dinner Date	Lois Van Mannen	16	6	5	0	1. Your talk on blood pressure, it was very helpful. 2. The explanation about high blood pressure.	

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Medicare and Supplemental Insurance	Feb. 10	Hawarden Dinner Date	Donna Brinkman	20	12	28	0	1. I'm not 65 yet and things will probably change in three years. 2. Coverage. 3. All of it. 4. Just the general description. 5. All of it. 6. Supplemental insurance. 7. Tips on insurance. 8. All of it. 9. Everything in general. 10. All of it! You speak very distinctly and well. 11. The limitations of Medicare payments. 12. Very pleasant lady and tried to answer questions we had. 13. Supplemental insurance questions. 14. Double coverage. 15. The lady's speech. 16. Explanation of double coverage of insurance policies. 17. I think it all was very interesting.	1. More details about it all. 2. Where to get help when you can't get Medicare. 3. Insurance program about choosing, etc. 4. Different investment programs at local banks. Money market, etc.
High Blood Pressure	Feb. 15	Rock Rapids Dinner Date	Lois Van Maanen	16	11	9	0	1. The specific information. This was one of the most worthwhile we have had. It helped a lot of people (about 30). 2. The misconceptions we have about this problem. 3. All of it. 4. Information on blood pressure, very informative. 5. Information on blood pressure very informative. 6. Discussion about stroke. 7. The entire program. 8. The entire program.	1. Anything to bring better health, nutrition, cholesterol, exercise. 2. Safe drinking water. 3. Diabetes. 4. Cholesterol, nutritional program. 5. Cholesterol, nutritional program.
High Blood Pressure	Feb. 22	Sioux Center Dinner Date	Lois Van Maanen	34	10	20	0	1. Questions and answers. 2. Diabetes. 3. It was all worthwhile. 4. Questions and answers. 5. Stating the facts as they are. 6. Caring for our health. 7. How we can be unaware of it. 8. To know what we can do about it. 9. Telling us how to take care of our health. 10. All of it. 11. Information about medication.	1. Heart and kidney. 2. Heart and kindey. 3. I feel any program is worthwhile. 4. Diabetes. 5. It was very good for us. 6. Heart problem. 7. On respiratory diseases like asthma and emphysema. 8. Diabetes. 9. Musical groups, travel. 10. Respiratory program. 11. Exercise program.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
								12. It was good to know. 13. Information. 14. The cause of blood pressure. 15. All of it. 16. Informatin on how the heart makes extra effort to distribute the blood.	
High Blood Pressure	Feb. 22	Ocheyedan Dinner Date	Lois Van Maanen	18	19	32	0	1. All of it. 2. All of it. 3. All of it. 4. Following doctors directions. 5. Refresher course. 6. I enjoy them all. 7. I enjoyed your whole program. 8. Blood pressure. 9. Blood pressure. 10. It was all worthwhile. 11. The explanation of how it affects ones body. 12. About strokes, heart attack. 13. Informative and short. 14. The general discussion about the heart. 15. All of it. 16. Complete picture of what high blood pressure is. 17. All of it. 18. Explanations. 19. All. 20. The explanation of how it affects our body. 21. All of it. 22. All.	1. Diets for adults over weight. 2. Like them all. 3. Like them all. 4. Exercise and diet. 5. Exercise program and one on diet - weight off. 6. Exercise. 7. Exercise. 8. Exercise. 9. Cancer. 10. Overweight - how to loose the easy way. 11. Cancer (colon). 12. Menus for cooking for one. 13. Safety, light exercise. 12. Safety. 13. Exercise. 14. Exercise.
Medicare and Supplemental Insurance	Mar. 3	Rock Rapids Dinner Date	Donna Brinkman	27	11	28	0	1. The information I got from the talk. 2. I would like to hear more. 3. Stressed check insurance policy to see what benefits are covered by your policy. 4. Having points clarified, I've read so many articles on the subject. 5. Clarification of what Medicare and Medicaid takes care of. 6. Information on Medicare. 7. The explanation of Medicare and Medicaid parts of the program. 8. Explanation of supplemental benefits. 9. All of it. 10. All very interesting. 11. About Medicare. 12. About Medicare. 13. About Medicare. 14. To check our supplemental insurance. 15. The way she explained about Medicare.	1. What about Medicaid. 2. Program on Medicaid, transportation for senior. 3. Just keep us updated. 4. Some don't know of the many fine programs arranged to inform them.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
High Blood Pressure	Mar. 1	Little Rock Dinner Date	Lois Van Maanen	24	7	8	0	1. The "down to earth" way of the presentation. 2. The way she explains things. 3. How to take care of blood pressure, not to have stress. 4. Telling what to do and what not to do for high blood pressure. 5. Clear explanation. 6. Talk and also the true and false test. 7. All of it.	1. Exercising, depression. 2. Anything pertaining to our health. 3. General interest. 4. Anything pertaining to health. 5. All the others mentioned.. 6. Diet, exercise.
High Blood Pressure	Feb. 17	Hawarden Dinner Date	Lois Van Maanen	32	17	15	0	1. Blood pressure and salt. 2. Talk on high blood pressure. 3. Making people conscious of the bad effects high blood pressure can have. 4. So many do not know the whole story but go by what others say. 5. Blood pressure. 6. Advice on blood pressure and its educational needs. 7. Blood pressure. 8. All the talk she gave. 9. It was all good. 10. It was all quite educational. 11. Most everything.	1. Social security programs. 2. Anything that pertains to keeping older people healthy. 3. Singing, exercise. 4. Eye care. 5. Anything new and interesting.
Cholesterol	Mar. 9	Sheldon Dinner Date	Juanita Thaden	14	12	13	0	1. Nice to hear about too much cholesterol. 2. I found it all interesting. Thanks. 3. The foods most high in cholesterol. 4. Whole talk. 5. The whole talk!	1. Food. 2. Diabetes, dieting. 3. Diabetes. 4. Weight loss, etc.

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COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
High Blood Pressure	Apr. 4	Sanborn Dinner Date	Lois Van Maanen	26	8	17	0	1. All information. 2. All of it. 3. All. 4. All of it. 5. The very nice way it was presented. 6. Told very good, vey helpful. 7. Good presentation. 8. Facts given on blood pressure. 9. All of it. 10. Information. 11. Your talk and information. 12. Answers to questions. 13. All of it. 14. Information on high blood pressure. 15. I liked the way the speaker presented the program.	1. Diabetes. 2. Diabetes, cholesterol. 3. Heartbeat skip?
Cholesterol	Mar. 10	Sanborn Dinner Date	Kathy Altena	23	10	28	0	1. A lot of nice people. Good food, nice waitress. Just like to go. 2. I enjoyed the talk & information we received on cholesterol. 3. Real interesting, all of it. 4. Everything explained. 5. Nice to be reminded. 6. All of it. 7. Seeing that turkey is higher in cholesterol than chicken. That liver is so high. 8. About talk of cholesterol. 9. Good delivery, good voice, enjoyable, valuable material. 10. Talk on cholesterol. 11. Information concerning cholesterol. 12. Speaker and information. 13. The information we received on cholesterol. 14. Preseniment, excellent. 15. The advice on food intake. We appreciated the information given. 16. Talk and the lady. 17. The talk. 18. I enjoy the worthwhile program. 19. Information on cholesterol. 20. Seem to know what she was talking about, enjoyed the sheets handed out, useful. Her friendliness. 21. The explanation of diet & cholesterol. 22. Informative information on cholesterol. 23. Her talk was good. 24. The talk on cholesterol. 25. Cholesterol and	1. Heart. 2. Tapes, folk music, group singing. 3. Games. 4. New points and information on diabetes. New points on cancer research. 5. Blood pressure.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Cholesterol	Mar. 23	Rock Valley Dinner Date	Kathy Altena	38	9	26	3	1. The sheet. 2. The cholesterol sheet. 3. Cholesterol sheet of food. 4. A be:ter understanding of what is best to take for lowering it. 5. Gave us a better understanding of cholesterol. 6. A better understanding of cholesterol. 7. About fat and cholesterol. 8. The truth about eating. 9. Hearing about the food we should eat. 10. The speaker. 11. The speaker and good chicken dinner. 12. The help we got from our speaker. 13. Cholesterol talk, we can never know too much. 14. Learning about foods. Straightening out my diet. We need to eat what we could but now we pay more attention to our diets. 15. On cholesterol. 16. The way she presented the program. 17. I learned a lot about different foods & cholesterol count that I didn't know about before. 18. Finding out which foods have cholesterol. 19. The speaker. 20. The speaker. 21. Talk on cholesterol.	1. Films, travel, playing bingo. 2. Films. 3. Travel programs, films. 4. Anything is OK. 5. Sing along and films. 6. I think most people like music. 7. How to adjust to apartment living. 8. Health. 9. Anything for entertainment. 10. Diets and exercise programs. 11. Easty fund raising projects, crewel (?), embroidery and crocheting. 12. Anything that is beneficial to health and well being, also hobbies, music, etc. 13. Topics that pertain to seniors health. 14. Topics that are of interest. 15. Topics related to our day. 16. The topic of the day. 17. How to avoid crime. Our eating, not trying to get nutritious meals. 18. Exercise program. 19. Program on health and food.
Cholesterol	Mar. 29	Little Rock Dinner Date	Kathy Altena	19	9	12	0	1. Thinking about the money we could have by not eating. 2. Learning what to eat what's good for us. 3. Enjoyed hearing you speak on these different subjects. 4. Learning what to eat. 5. Enjoy the information. 6. The information was worthwhile. 7. About cholesterol, which food has the most cholesterol. 8. To eat the right food, eat less cholesterol foods. 9. She gave us lots to think about. We didn't know about meat and other things we didn't know about. 10. All of it. 11. All of it.	1. A talk about better pool playing and bowling. 2. We really don't need any more as we're satisfied. 3. Exercise program. 4. Exercise. 5. Exercise. 6. Play cards or game. 7. This one is the best, food and good health.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Home Safety and Exercise	Apr. 7	Ocheyedan Dinner Date	Lois Van Maanen	22	16	11	0	1. I thought just a general review is always worthwhile. 2. First talk and then the exercises. 3. All very good. 4. As a site supervisor I watch the seniors to their reaction & I was very impressed when they took a part in it. I say very good. 5. Your good advice to stay healthy. 6. The exercises, safety hints. 7. Exercises. 8. The whole program. Try to do a lot of walking. 9. The exercises and of course the things not to do. 10. The throw rug idea, exercise, information on pills. 11. All of them.	1. Polka. 2. Entertainment and where the seniors could participate. 3. Any program pertaining to health. 4. More exercises. 5. Exercise program. 6. Eating the right foods and getting more people to go out to dinner date. 7. Continuation of the above. 8. Crafts. 9. Crafts.
High Blood Pressure	Apr. 11	Orange City Dinner Date	Lois Van Maanen	36	6	10	0	1. Entire program. 2. Your description of causes. 3. The plain talk about it. 4. The diagnosis program. 5. About the things you can get from blood pressure. 6. Causes of high blood pressure and treatment.	1. Whatever available. 2. Arthritis.
Home Safety	Apr. 15	Sheldon Dinner Date	Lois Van Maanen	20	13	16	0	1. Exercises. 2. All. 3. All. 4. All of it. 5. Everything. 6. Exercise, about health. 7. Talk on medications. 8. Talk on medication and care. 9. On medications. 10. Exercises. 11. Exercise. 12. Exercise. 13. Exercise. 14. Exercises. 15. Medicine. 16. Exercise.	1. Anything that's good. 2. Anything that is good. 3. More on medicine and health. 4. Safety. 5. Safety.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Home Safety	Apr. 18	Rock Valley Dinner Date	Lois Van Maanen	18	8	19	0	1. Cleaning your medicine cabinet and the exercises. Checking your furnace and leftover food which should be thrown away. 2. The safety suggestions. 3. Safety suggestions, exercise. 4. Safety hints. 5. Everything discussed. 6. Exercises and leftover foods, danger. 7. Safety tips, everything, very good program. 8. All of it. 9. The talking and questions. 10. The exercising was real good and the holding things in your hands too. 11. Your exercises, also your talk on safety. Enjoyed it all. 12. All of it. 13. Exercises and talk on medicine. 14. Was all very meaningful. 15. All very interesting. 16. The whole program was very helpful. 17. The entire program was very informative. I enjoyed the exercise program very much.	1. Anything to help make seniors enjoy health more. 2. All good programs that are educational and not tiresome. 3. Diet and loosing weight.
Cholesterol	Apr. 18	Orange City Dinner Date	Kathy Altena	38	10	22	0	1. List of common foods and per serving. 2. Discussion. 3. All of it. 4. Everything. 5. About everything. 6. All of it. 7. The blood pressure program. 8. Good speaker. 9. All of it. 10. The speaker. 11. Blood pressure. 12. The sheet of cholesterol comparisons. 13. All the calculations of different foods. 14. I got a book on this from the clinic last time I had my check-up so have lot of this information. 14. Discussion. 15. Cholesterol content. 16. Comparison sheet. 17. By telling us about things we should avoid when there is a lot of things for diabetes that I have to eat.	1. Exercise program. 2. Diabetes diets. 3. Blood pressure. 4. Stress and drinking what? 5. Exercises. 6. Exercises.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Home Safety	Apr. 19	Little Rock Dinner Date	Lois Van Maanen	22	8	5	0	1. Exercises, eating right foods. 2. To encourage senior citizens to exercise. 3. All of it. 4. Safety talk. 5. Exercises.	1. More on our food. 2. Another one on exercise. 3. All good health programs.
Cholesterol	Apr. 24	Sioux Center Dinner Date	Kathy Altena	27	12	29	0	1. How cholesterol formed in the liver. 2. How cholesterol is formed in the body and necessity to keep it under control. 3. Food list. 4. What to eat and what to cut down on. 5. I guess we can't be warned often enough. 6. Warning on foods we eat. 7. Everything. 8. Her talk. 9. The information she gave us. 10. Singing or slides. 11. Instruction for cholesterol control. 12. Instruction for control of cholesterol. 13. Printed literature. Opportunity to ask questions. 14. Explaining about source of cholesterol and the liver's part in making it. Thank you for the list of foods and their content of cholesterol. 15. Listening to the speaker. 16. Interest and concern for our health and well being. 17. The information was educational. 18. That I know about what is best. 19. The fellowship. 20. The fellowship. 21. Information. 22. Meat, chicken. 23. All the information given. 24. How to control weight.	1. Diabetes control. 2. Reminders of proper exercises for senior citizens. 3. How to spend leisure time. How to avoid eating good junk food.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Cholesterol	Mar. 2	Rock Rapids Dinner Date	Kathy Altena	21	12	22	0	1. Program. 2. Food. 3. Talk on cholesterol. 4. The food and get together. 5. I enjoyed the program. 6. Enjoyed the whole presentation. 7. Music, bingo, educational programs. 8. The food. 9. All of it. 10. All of it. 11. Food. 12. Specific statements. 13. The lady who gave the presentation. 14. Learning what foods are high and low. Thanks for the printed sheets to take home for later reference. 15. It was a very interesting talk. Mine was just checked by the doctor. 16. Very informative. 17. Understanding what cholesterol is. 18. Discussion on diets and about source of cholesterol, etc.	1. Slice programs, bingo games. 2. High blood pressure. 3. Sing along. 4. Salt content. 5. Diabetes. 6. Exercise program, low salt. 7. Diabetes, exercise again, low salt. 8. Low salt. 9. Art demonstrations. 10. Diabetes, high blood pressure, low salt. 11. Diabetes. 12. High blood pressure.
Home Safety & Exercise	Apr. 12	Rock Rapids Dinner Date	Lois Van Maanen	17	9	18	0	1. About medicine & exercising. Check furnaces. 2. Exercises and medications. 3. All was helpful. 4. Prevention of home accidents. 5. Exercises, safety tips. 6. Exercises. 7. All interesting. 8. How to use your pills and what to expect of them. 9. The medication alert and exercise. 10. Most of the exercises were interesting. 11. Exercises. 12. All very interesting. 13. Safety tips for the home. 14. Exercises.	1. Travel tours. 2. Take care of your eyes. 3. More advice on Diabetes. 4. More music. 5. More musical programs. 6. Advice on harmful foods. 7. Avoiding four walls in winter. 8. Avoiding lonesomeness. 9. More hand exercises. 10. Travel tours. 11. Dating program and travel tours. 12. Travel tours.
Staying Healthy	May 9	Sanborn Dinner Date	Lois Van Maanen	25	9	7	0	1. Exercise. 2. Advice, suggestions. 3. Safety rules. 4. Exercise. 5. Exercise. 6. All of it. 7. Exercise.	1. Nutrition. 2. Diet for blood pressure.

COMPOSITE OF EVALUATIONS OF SENIOR CITIZEN PROGRAMS

Name of Program	Date	Location	Presenter	Attendance		Did you find this an enjoyable and worthwhile program?		What did you enjoy the most?	What other programs do you feel would be of interest to senior adults?
				F	M	Yes	No		
Staying Healthy	May 13	Sibley Dinner Date	Lois Van Maanen	18	6	14	8	1. Showing the exercise. That's very good for older people. Beautifully explained. 2. The excercises. 3. All of program. 4. The exercises and good health hints. 5. The exercises. 6. Meds's (expiration) dates, exercises. 7. The sitting exercises. 8. Exercises. 9. The exercises. 10. Talk about outdated medicine, exercises. 11. Exercises. 12. All very interesting and informative. 13. It was all enjoyable, the food and the singing, etc. 14. Very clear explanation and helpful.	1. Handcraft program - each things that senior citizens can do. Keep them from getting bored. 2. Filing medicine forms.
Staying Healthy	May 26	Hawarden Dinner Date	Lois Van Maanen	26	9	16	0	1. Exercises. 2. Exercise. 3. Exercises. 4. Safety hints. 5. Exercise program. Didn't come in till part was over. 6. Exercise and all of it. 7. All of it. 8. Your talking. 9. Do's and Don'ts. 10. Exercise. 11. Exercises. 12. The exercises. Medical information, disposal of old medicines.	1. I would like film programs. 2. Nutrition.

APPENDIX N

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date March 16, 1983 Location Spencer

My involvement with Senior Adult Education is: See Attached Sheet

Please evaluate workshop as a whole.

11 Excellent 4 Good 1 Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	7	7	1		
Teaching Techniques	7	6	2		
Senior Interest Survey	9	4	1		
Presentation of Teaching Units	7	6	2		
Other Available Material	8	4	2		

Please evaluate presenter.

9 Excellent 6 Good 1 Average ____ Fair ____ Poor

Any other comments or suggestions are welcome.

See Attached Sheet

My involvement with Senior Adult Education is:

1. Nursing home dietary supervisor.
2. Teaching at Dickinson County Care Facility.
3. Health Coordinator with Iowa Lakes Community College in Long Term Care Division.
4. Director of Nursing of an intermediate care facility (nursing home).
5. Current events at nursing homes.
6. Kossuth County Seniors.
7. Teach ABE "Current Events" to seniors at nursing home and senior apartment center.
8. One-to-one education, senior citizen talks and education programs.
9. Planning and arranging and finding instructors to do programming.
10. Possibility in future to teach.
11. Two current events classes - one at a senior citizen center (community) and the other at a dinner date site.
12. County home ABE, nursing home current events.
13. Public Health - conduct blood pressure clinics. Give health information programs.

Any other comments or suggestions are welcome.

1. This was one of the most worthwhile workshops I have attended. Thank you!
2. Enjoyed presenter's openness and sharing. Might go faster if each book was put together.
3. A "wealth" of useful pertinent information. Served as an "appetizer", have had no educational programs as such in our nursing home but certainly will in the future with our alert residents.
4. I got some ideas I can adapt and thank you.
5. Could save much time by having materials already in three-ring binder therefore devoting more time to analysis.
6. Glad to get the information! Will be very helpful.
7. Don't show filmstrip while passing out material.
8. These are welcome resources. An excellent reference.
9. I find material handouts with notebook very valuable.
10. Thank you for the materials.
11. Very useful information. Good job. Thanks.
12. Best prepared and presented workshop I have attended through ILCC. Excellent handouts!
13. Thank you for the fantastic materials. I plan to use them whenever possible.

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date March 25, 1983 Location Waterloo

My involvement with Senior Adult Education is: _____

See Attached Sheet

Please evaluate workshop as a whole.

10 Excellent 2 Good ____ Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	5	3	3		1
Teaching Techniques	6	3	2	1	
Senior Interest Survey	6	5			1
Presentation of Teaching Units	9	2		1	
Other Available Material	8	2			1

Please evaluate presenter.

10 Excellent 2 Good ____ Average ____ Fair ____ Poor

Any other comments or suggestions are welcome.

See Attached Sheet

My involvement with Senior Adult Education is:

1. Coordinator of teachers of senior adults.
2. Home Economics instructor at meal sites.
3. Lead discussion groups in retirement centers.
4. A noon program every day following congregate meal.
5. Coordinator of 1/3 Part F.
6. Senior Service Manager.
7. Discussion group in nursing home.
8. ABE classes at a county care facility.
9. ABE instructor at county care facility.
10. Senior center coordinator and daily programs at senior center.
11. I lead a discussion group at a nutritional site.
12. Lutheran Senior Citizens "54½ Club", GED classes, teacher at Bremer County Care Center.

Any other comments or suggestions are welcome.

1. Very enthusiastic presenter. Well done. Very complete presentation. Good rapport with group. High interest, good handouts.
2. Very comprehensive agenda with a complete carry-through of material.
3. I feel very fortunate to have been here. All the material is excellent and will be so very helpful. I wish this could have been all day. So much information in such a short time. Thanks so very much. We will be sharing with the 14 site managers who aren't here today.
4. I have really enjoyed the workshop, we should have more. I feel I will get a lot of good programs and information from this material.
5. My group is concerned with mental health and emotional problems. Coping with a roommate, becoming upset over visits from children or a spouse, and interpersonal relationships with staff in the home are problems I would like to know how to handle when they come up in discussion. I will share my material with the Administrator of the Nutrition Site and Activity Coordinator. Thank you.
6. I greatly appreciated all the effort and excellent ideas that were given.
7. The material will be used by the persons in the community college where it will be applicable.
8. Material adequate. Areas presented, all were very interesting. Covered the areas seniors experience and familiar to them. Stimulating and exciting to share the book of information with co-workers.
9. I can tell you have had "first hand" experience with the seniors - materials are very useful and appreciated. "Thanks!"
10. Need "longer time" to present.

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date March 25, 1983 Location Mason City

My involvement with Senior Adult Education is:
See Attached Sheet

Please evaluate workshop as a whole.

6 Excellent 4 Good ____ Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	3	4	3		
Teaching Techniques	1	7	2		
Senior Interest Survey	5	3		1	
Presentation of Teaching Units	6	3	1		
Other Available Material	5	4	1		

Please evaluate presenter.

6 Excellent 3 Good ____ Average ____ Fair ____ Poor

Any other comments or suggestions are welcome.
See Attached Sheet

My involvement with Senior Adult Education is:

1. Teach a variety of home ec. programs to congregate meals and foster grandparents.
2. Congregate meals.
3. Coordinator.
4. Congregate meal sites.
5. F 1/3 instructor at congregate meals.
6. Coordinator.
7. One county care home, 3 nursing homes, 1 expanded care facility.
8. ABE two nursing homes and 1 retirement home.
9. ABE nursing staff.
10. 1/3 Part F instructor - programs at senior citizen center, congregate meals.

Any other comments or suggestions are welcome.

1. My shorthand isn't as good as it should be - would appreciate a list of resources as Linda isn't readily available.
2. Could have asked more for questions and/or discussions.
3. Thanks for coming and sharing. It'll help a great deal, Im' sure!
4. Very good. I really do not have any additional suggestions.
5. A very interesting move and lots of useable information. I will try to get more seniors interested in topics available.
6. A list of supplementary materials shown during workshop and where they may be obtained would be helpful.

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date April 13, 1983 Location Council Bluffs

My involvement with Senior Adult Education is:
See Attached Sheet

Please evaluate workshop as a whole.

15 Excellent 3 Good ____ Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	8	5	4		
Teaching Techniques	10	6	2		
Senior Interest Survey	13	4	1		
Presentation of Teaching Units	15	2	1		
Other Available Material	14	3	1		

Please evaluate presenter.

13 Excellent 5 Good ____ Average ____ Fair ____ Poor

Any other comments or suggestions are welcome.
See Attached Sheet

My involvement with Senior Adult Education is:

1. Meal sites.
2. Coordinator of consumer education.
3. Instructor for consumer education program. Teach at meal sites and teach and coordinate at various programs which seniors attend. Also, teach a 60 hour homemaker class training ladies to be certified as a homemaker.
4. Consumer education instructor.
5. Comprised of giving meal site programs and longer programs of general interest.
6. ABE program at health center.
7. Funded to teach in two nursing homes for one or two hours weekly.
8. Starting some of these programs with the senior adults in Creston area next fall.
9. Will be having classes at senior meal sites in Osc. and Leon.
10. ABE/GED instructor.
11. Homemaking.
12. Coordinating program.
13. ABE instructor one hour per week Garden View Care Center.
14. I teach an enrichment class at the Patt. County Care Facility.
15. GED instructor with some senior citizens as students.
16. ABE at a care facility.
17. Coordinator.
18. Consumer education - plus volunteer ABE/GED and home economics education.

Any other comments or suggestions are welcome.

1. Very good material to take home to use. Good presentation because most of the topics had been used or presented. Kathy could indicate what worked well and what didn't.
2. Extremely practical information. Will help with fall programming so much. Much of the information good for general audiences, too. One of the best workshops offered!
3. Very good program with a wealth of worthwhile materials. Materials are also on a level that a "lay" person or senior can easily understand.
4. I like the "ready to go" programs.
5. A list of agencies, manufacturers and firms giving or selling booklets and other information would be useful (some of this information was provided).
6. What a bunch of materials! Should keep me in subjects for quite a while although in a Nursing Home much of these topics are automatically taken care of (i.e. salt or cholesterol and diabetes) but maybe this information can teach seniors why.
7. I believe there are several sources for other related materials. It may have been more helpful to include more of these sources (examples - Extension Services, pamphlets from doctor's offices, hospitals, etc.)
8. Very useful information given in good form.
9. Good job, Kathy! This will be an excellent beginning for our program. Thanks for sharing the information. I know it involved much time, collecting of materials and preparation. See you in June.
10. Bigger, less crowded room (please) would be better for conducting the workshop. Am wondering how I will have access to the supplemental materials since I am teaching out of town (75 miles).

11. Extremely valuable material provided! I won't be able to use all the units because of the limited environment county home people are in - but I plan to use as much as possible. I plan to use much of it for my own personal use and possibly through my church!
12. Excellent audio-visual material. These topics are very interesting to our group today, not just to senior citizens, for peronal application. Presenter has done a tremendous amount of work on this project!
13. This has given many ideas to use in my area school to work with the high need in senior adults.
14. Interesting information. Valuable information on where to find more ideas or resources. (J.C. Penney - has lots of educational materials - check on because they are available thorugh every J.C. Penney store in customer service or with store manager.)

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date May 23, 1983 Location Burlington

My involvement with Senior Adult Education is: See Attached Sheet

Please evaluate workshop as a whole.

5 Excellent 6 Good ____ Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	4	5	2		
Teaching Techniques	3	6	2		
Senior Interest Survey	5	1	5		
Presentation of Teaching Units	8	3			
Other Available Material	6	5			

Please evaluate presenter.

8 Excellent 2 Good 1 Average ____ Fair ____ Poor

Any other comments or suggestions are welcome.
See Attached Sheet

My involvement with Senior Adult Education is:

1. Employed by Commission on Aging for Senior Iowans - we work with adults 55 years and older.
2. County agency on Aging Outreach.
3. A one-to-one basis in a health care clinic as a nutritionist.
4. Minimal -- although I am involved in developing programs which may include those for seniors.
5. Outreach - all areas - individuals.
6. One-on-one Outreach Commission on Aging for Senior Iowans.
7. Doing health education in a clinic setting.
8. I am the human service provider for the city owned federally subsidized elderly high rise.
9. A.I.M. seminars.
10. Coordinating and arranging for classes.
11. We have retirement planning seminars which I conduct. It is also my job to retire all employees and help them with health and life insurance problems.

Any other comments or suggestions are welcome.

1. Materials were well organized. Presenter was pleased and well informed. Film on "falls" was excellent.
2. Not enough time for presentation. Would have appreciated more time for discussion and idea sharing.
3. I feel this is excellent and needed among the community educators.
4. I enjoyed your "personal" approach in relating your experiences to make a point. Very informational.
5. Bibliography of other available existing material with name and address. Time allowed misjudged.
6. Find this information very helpful. Our agency is trying to do more community education and the information presented today will be useful. Thanks for sharing it.
7. The presenter has obviously used imagination and creativity to obtain and organize the materials for the teaching units.
8. The information will be very helpful for many different groups. We appreciate being able to make use of your experience. Thanks.
9. A little more time. Topics covered very quickly. A very interesting presentation. Good voice and could hear well.

WORKSHOP EVALUATION
ON
ADULT EDUCATORS WORKSHOP ON INSTRUCTIONAL PROGRAMS FOR SENIOR ADULTS

Date May 23, 1983 Location Ottumwa

My involvement with Senior Adult Education is:

See Attached Sheet

Please evaluate workshop as a whole.

10 Excellent 4 Good 2 Average ____ Fair ____ Poor

Rank the various components of the program in regard to interest, content or usefulness with "5" being very high, "3" medium and "1" low.

	5	4	3	2	1
Project Background	6	8	2		
Teaching Techniques	9	5	2		
Senior Interest Survey	7	5	4		
Presentation of Teaching Units	9	5	1	1	
Other Available Material	10	4			2

Please evaluate presenter.

9 Excellent 6 Good ____ Average 1 Fair ____ Poor

Any other comments or suggestions are welcome.

See Attached Sheet

My involvement with Senior Adult Education is:

1. Congregate meals.
2. Public Health Nurse in high elderly populated rural county low income clientele.
3. Director Ottumwa Public Health Nursing Service.
4. Homemaker-Home Health Aide.
5. Homemaker-Home Health Aide.
6. Home Health Aide.
7. Home Health Aide.
8. Public Health Nurse - involved with Homemaker Health Aide Service, congregate meals, talk to community groups, and one-to-one instruction.
9. Nurse, Director of Public Health - work directly with senior adults in their homes. Also teach inservices to Home Health Aides who assist patients in their homes. Give program topics in community on occasion.
10. Home Health Aide with Public Health nursing Albia.
11. Home Health Aide.
12. Director of Home Health Aide working in the homes of elderly.
13. Home Health Aide.
14. I teach independent living skills at the Van Buren Care Facility.
15. Mainly in the congregate meal program with Wapello County.
16. Discharge planning at hospital.

Any other comments or suggestions are welcome.

1. Since I am just getting into this area the resource material is excellent. I am proceeding into a Masters Degree program at Ames this summer and may lean into this area of adult education. Thank you! Your time is greatly appreciated!
2. Very helpful, time well spent.
3. Providing the workable notebook excellent reference for our entire staff in dealing with patients and in teaching classes for the Homemaker-Home Health Aides. Few workshops provide a ready made workable book. Thanks. Need to specify Medicare provision for Home Health Services under Public Health Nursing Services.
4. I found the workshop quite interesting. It was presented very well. I'm sure all the material given us will be quite useful in my work.
5. More information on Medicare for the elderly.
6. Teaching units extremely helpful in the way they were prepared (written out as narrative rather than outline form).
   Films are great and something we rarely have access to - even if we get a film we have a lot of difficulty getting the proper type of projector.
   I hope that it was strongly suggested that anyone presenting one of the health care topics be a responsible member of the health profession or that the volunteer who does the presentation have a professional available for questions.
7. Very helpful materials. Good to have notebooks provided as part of materials.
8. Very good. I think everything was covered real good.
9. More information on medicine for elderly.
10. Workshop was very good. The material given to us will be put to good use.
11. Perhaps allowing the group to add to the information given earlier in your presentation would have avoided the omission of the health nurse's area. One must analyze the audience very carefully and in this case it seems that there were many with many years in their area of expertise. Comfortable presentation - enjoyable and informative.
12. Handout information is extremely useful and will help to expand this information to the elderly.
13. The material is great, very helpful. I'll share with patient educator at our hospital.

HEALTH INSURANCE
FOR
RETIREMENT AGE INDIVIDUALS

NOTES TO INSTRUCTOR

This unit serves two major purposes. First, to explain those items covered by Medicare, and second, to look at items which should be considered if purchasing insurance supplemental to Medicare. Anyone who wishes to use this unit should be aware of the constant changes which Social Security seems to be going through. Therefore, it is suggested that immediately before teaching this unit a call be made to your local Social Security office to confirm that the figures on Page 3 are still accurate.

Below is a brief explanation of the content of this unit.

1. Page 3 explains Medicare Coverage.
2. Page 6 is a comparison of two supplemental policies.
3. Page 8 and 9 are questions which should be asked before buying a policy.
4. Page 10 is a worksheet to use when evaluating a supplemental policy.
5. Page 12 is the actual sheet given to medicare recipients by an Iowa hospital.
6. Page 13 and 14 present an insurance glossary.

INTRODUCTION

This program is intended to provide some basic information on medical and health insurance that would cover costs that might incur above the amount which will be covered by Medicare.

A second purpose is to review some of the terminology or language used in most hospitalization plans.

When it comes to insurance there is no one pat answer which is right for everyone. We all have different medical needs and live in various communities with varying costs. When you add to this the fact that there are hundreds of different insurance companies and policies available it is no wonder that we become confused.

There is one thing that we can be sure of and that is that we all need to be informed.

Just as one may seek a second opinion on a serious illness or on a financial venture, so should we seek a second opinion on insurance. Talk to someone you know who may have the coverage and always compare several different policies.

MEDICARE

Medicare was never intended to provide a complete protection for medical and hospital expenses. It was designed as a base and as such it is very good. There are better government supported health plans, unfortunately, these are national health programs found in other countries. A bulletin published by the Social Security Administration three years ago stated that Medicare covers slightly less than three-quarters of the average hospital and medical costs of the elderly. Nevertheless, it is a good start.

Supplemental plans are sold under the premise of giving additional coverage where Medicare does not pay.

Therefore, to start we need to learn what Medicare will and will not cover.

EXACTLY WHAT IS AND ISN'T COVERED BY MEDICARE?

MEDICARE PAYS	YOU PAY
A. Medicare hospital insurance pays all covered services beyond the first $260.00 from the first day through the 60th in each benefit period. (Note: If you are discharged and then readmitted before the benefit period ends you do not have to pay the deductible again.)	A. Initially, in 1982, you must pay the first $260.00 for hospitalization that lasts from one day up to 60.
B. Medicare hospital insurance pays all covered services except for $65.00* a day for the 61st through the 90th day.	B. For the 61st through the 90th day you pay $65.00* per day.

C. Medicare is basically set up to help you pay for your care in the hospital for up to 90 days in each benefit period.

(Note: Benefit Period - A benefit period is a way of measuring your use of services under Medicare hospital insurance. Your first benefit period starts the first time you enter a hospital after your hospital insurance begins. A benefit period ends when you have been out of a hospital or other facility primarily providing skilled nursing or rehabilitation services -- whether or not it participates in Medicare -- for 60 days in a row (including the day of disharge). There is no limit to the number of benefit periods you can have.)

But what happens if you have a long illness and have to stay in the hospital for more than 90 days? Medicare hospital insurance includes an extra 60 hospital days you can use if this ever happens. These extra days are called reserve days. Hospital insurance pays for all covered services except for $130.00 a day for each reserve day you use. You are responsible for this $130.00. Once you use a reserve day you never get it back. Reserve days are not renewable like your 90 hospital days in each benefit period.

Since you have only 60 reserve days in your lifetime, you can decide yourself when you want to use them. After you have been in the hospital 90 days, you can use all 60 reserve days at one time if you have to stay in the hospital that long. But you don't have to use your reserve days right away if you don't want to. Maybe you have private insurance that can help pay your hospital bill if an illness keeps you in the hospital for more than 90 days. If you don't want to use your reserve days, you must tell the hospital in writing ahead of time. Otherwise, the extra days you need to be in the hospital will automatically be taken from your reserve days.

D. 80% of the approved charges after you have reached your $75.00 deductible.	D. The first $75.00 of approved charges per year and any amount above "current and customary charges" and 20% of covered charges.

Private duty nurses, private rooms, and second consultations are not covered. A complete list of what is and is not covered is available at your Social Security office.

*This will be going up to $75.00.

ADDITIONAL COVERAGE

If you feel that your personal medical situation may result in a fairly large outlay of cash after Medicare, one can buy supplemental insurance.

But wait! Insurance companies, regardless of the service they claim, are in business for one thing. That thing is profit and if they don't make a profit they get out of the business, they change the business so it can make a profit or at least break even, or they absorb the losses elsewhere.

Therefore, insurance companies are playing the odds that you won't get sick or hurt and that you won't use the premium payments you've paid plus use the money from the insurance premiums paid by others. You also can play these odds.

Further, unscrupulous insurance companies can sell you coverage that is so limited you could probably never collect. The costs of the premiums could be so great that the benefits could never balance the costs of the insurance. Such companies would probably shift the blame back on their salespersons. In Iowa, you are protected against such companies and can get some of your money back if you take the initiative to do so. As you've heard so many times, "an ounce of prevention is worth a pound of cure". Ask a friend about the insurance. Ask a reputable local agent. Ask people who are in a Senior Citizen organization. Seek that second opinion.

BUT WHAT IF I STILL WANT SOME PROTECTION?

It all boils down to what one can afford. If one is "well-off" one can buy the very best protective insurance. If one is on a fixed income and has little or no assets then one can't afford the extra expense of insurance. Remember in case of a catastrophic illness with seemingly insurmountable bills then one can turn to Medicaid -- a federal-state funded program for people who are poor by legal definition. Some benefits under Medicaid in some states are so superior that they are often asserted to be discriminatory against the legally nonpoor by favoring the privileged poor. In the end it is your decision and you who must make it.

A comparison of a couple of supplemental plans follow. One requires that you belong to a dues paying organization and receive a "group" benefit; the other states proudly in its brochure that it does not require the payment of dues.

The plans are actual. They are 1982 data. They represent the diversity available. Each is based on one person. If you want to know the cost for two people, multiply by two. There are no discounts.

COMPARING TWO SUPPLEMENTARY TO MEDICARE PLANS
(Age 65 and Above)

	PLAN 1	PLAN 2
Cost per person	$8.95 per month plus $5.00 annual membership fee	$16.00 per month
Cost per person per year	$112.40	$192.00 $174.54 advance payment)
Amount paid on initial Medicare Part A Hospital Day 1 through day 60	$17.00 per day ($1,020.00 maximum)	lump sum of $130.00 (half of Medicare Part A Hospital) ($130.00 maximum)
Initital Medicare Part A Hospital Day 61 through day 90	pays $45.00 of the $65.00 Medicare Deductible ($1,350.00 maximum -- you pay $600.00 additional)	pays full Medicare Deductible of $65.00 per day ($1,950.00 maximum)
Initial Medicare Part A Hospital Day 91 through 150 (Medicare doesn't pay after 150 days)	pays $75.00 per day through the 371st day ($21,000 maximum unless if in intensive care -- then double) you pay any additional	pays $130.00 a day co-insurance
Part B Medicare eligible and allowable Doctor-surgical bill after Medicare pays its 80%	pays none	pays the rest -- "unlimited cash"
Medical supplies, services, tests, outpatient treatment after Medicare pays its 80%	pays none	pays the rest -- "unlimited cash"

In summary of the compairson chart, one would have to state that one probably gets what one pays for. Whether or not the amount is disportionate is for you to interpret.

SO WHAT SHOULD ONE DO?

First of all, one should realize that the average stay in a hospital by a patient is for 11 1/2 days. As to how frequently one is admitted to a hospital let us use your statistics and divide the number of times you have been admitted in a hospital into your age. While we are looking at a few statistics, let us realize that over 80% of the people (all ages) in this country have some form of private health insurance and yet over two-thirds of the total costs of private health care is paid out of pocket by patients. It looks as though that one is going to end up paying something for one's stay in the hospital.

Let's ask some questions and begin by asking oneself: "Do I need it? How is my general health."

WHAT YOU SHOULD KNOW BEFORE BUYING INSURANCE

Questions concerning company policies should be answered by the company and its representative and be shown in writing might include those given below.[1]

CONTINUANCE.	If I do collect on this insurance can the company cancel my policy if the health condition persists?
MAXIMUM BENEFITS.	How many claims will the company pay? How much will the policy allow for all expenses for any one illness and for all illnesses? How long will the company pay these benefits?
PRE-EXISTING CONDITIONS.	Suppose I have a prior medical condition, how soon after I buy the policy will the company cover expenses stemming from these conditions?
WAITING PERIODS.	Am I covered from the first day of hospitalization, or are the first few days excluded?
HEALTH RISK .	If I turn out to be a "health risk" is there a maximum I can collect from the company, or is it unlimited?
RENEWABILITY.	Are my rights to renew this insurance guaranteed? Will the company renew this policy regardless of my age?
AGE LIMITS.	Does the coverage remain the same regardless of my age?
CONVERSION.	If I have a joint policy with my spouse and one of us dies or chooses to discontinue the policy, can it be converted to an individual policy?
EXCLUSIONS.	Are there any exclusions? (Be assured, there will be!)
INSIDE LIMITS.	Are there any dollar limits for special expenses, especially for surgical fees?
OUTSIDE EXPENSES.	If I have a joint policy will there be any allowance for housing (motel) fees, food, and travel expenses in the event that the hospitalization occurs out of my locality?
DUPLICATION.	Is there any extent to which the policy precludes payment for expenses covered by other insurance other than Medicare?

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[1] Changing Times, The Kiplinger Magazine, December 1978, page 11.

CO-PAYMENTS.	If the company pays a percentage of the costs, does the required co-payment apply to all expenses, or does the company pay 100% past a certain amount?
DEDUCTIBLES.	To which expenses and to whom do deductibles apply? What is the accumulation period?
PREMIUMS.	Does the rate go up with one's age or with one's insurability?
GRIEVANCES.	How can any differences with the company and myself be resolved? What are my rights?
REFERENCES.	Is there someone who lives locally that has collected benefits from your company? Could you release their names?

HOW GOOD IS THAT MEDICARE GAP POLICY?

(From December, 1978, Changing Times---figures up-dated)

For a quick check on how well a medicare supplementary policy fills the gaps in Medicare, try the following form, which companies are required to furnish prospective buyers in New Mexico. The benefit period referred to starts the first time you enter a hospital after you become eligible for Medicare and ends when you have been out of the hospital or other covered medical facility for 60 consecutive days. You are entitled to Medicare payments for up to 90 days during each benefit period. If you run through those 90 days, you may then use your lifetime reserve of an extra 60 hospital days, during which Medicare pays for all covered expenses except for $130.00 per day.

Inpatient hospital benefits (Part A of Medicare). Benefits are paid for covered hospital charges for hospital room and board and miscellaneous services during each benefit period as follows:

days of confinement	Medicare now pays	policy pays
days 1-60 each benefit period	covered charges, but not the first $304.00	_____
days 61-90 each benefit period	covered charges except $76.00 a day	_____
days 91-150 while lifetime reserve remains	covered charges except $152.00 a day	_____

Skilled nursing facility confinement benefits (Part A of Medicare). Benefits are paid for covered skilled nursing facility charges if the patient is an inpatient in an approved facility and confinement begins within 14 days of a hospital stay of at least three days for the same condition, as follows:

days of confinement	Medicare now pays	policy pays
days 1-20 each benefit period	all covered charges	_____
days 21-100 each benefit period	covered charges except $38.00 per day	_____

Medical benefits (Part B of Medicare). Benefits are provided for "reasonable charges" for covered physicians' services, medical supplies, and other covered services for each calendar year.

	Medicare now pays	policy pays
	80% of the "reasonable charges" but not the first $75.00 each year	_____

I NEED INSURANCE

If you are considering supplemental health insurance you may wish to consider joining a group. Group insurance rates are usually less expensive and have a broader coverage than individual policies. There is less bookwork for the company in collecting premiums. A disadvantage of a group plan is the fact that one cannot get a specific coverage that one might want, have a specific coverage deleted, or be considered individually. It is, afterall, a group.

In summary, let it again be stated that the buyer of supplemental health insurance must have their eyes open when purchasing a policy. Ask yourself what you really need. Seek a second opinion. And if you decide to buy a policy seek a group type as there is some safety in numbers. Find one good policy, there is no sense to have a half a dozen policies each paying little because of all your coverage.

COMMUNITY MEMORIAL HOSITAL

SHELDON, IOWA 51201

JANUARY 1, 1982

Your Federal Government has given you fine insurance coverage for your hospitalization, however:

"MEDICARE HAS LIMITATIONS"

The Medicare Board may review your hospital and doctor records and decide it was not necessary for you to have the skilled nursing care provided by the hospital for all of, or a portion of your confinement. In other words, if they feel you could have been cared for at home or in a nursing home, they will refuse to pay all of or the non-covered portion of your bill.

Your doctor is aware of the possibility of Medicare refusing payment and will do everything he can to protect you. If you have any questions about Medicare, or your stay in the hospital, you may discuss them with your doctor or with the Business Office at the hospital.

Helpful Financial Guidelines for your information:

1. You will owe $260.00 for the first 60 days of each spell of illness.
2. You will owe $65.00 per day for the next 30 days.
3. If you use any of the 60 Lifetime Reserve Days, you will owe $130.00 per day.
4. There will also be a charge for each EKG that you have during your stay in our hospital, but a portion of this may be refunded to you by Medicare.
5. We also must collect 36% of your x-ray charges if you are not a subscriber to Part B of the Medicare program.
6. If you should desire to have a private room, you will owe for the difference between our lowest semi-private room rate and your private room charge.

Respectfully,

BUSINESS OFFICE

GLOSSARY

ACCUMULATION PERIOD---a period of time, usually a calendar year, that deductible expenses can be added together.

CO-INSURANCE---a condition where the insurance company (or Medicare) picks up a certain percentage of all eligible expenses and the insured picks up the rest.

CO-PAYMENT---the amount of money paid on a co-insurance claim.

CONTINUANCE---to proceed in an altered course of action; to leave the insurance policy as it is.

CONVERSION---to change from one policy type to another.

DEDUCTIBILITY---the amount to be subtracted or deferred before a condition or amount can be considered.

DUPLICATON---a condition where two or more policies might pay on the same claim; where both might share to pay one claim.

EXCLUSION---something not covered by a policy either by its nature or by some time element.

GRIEVANCE---a complaint against some action by an insurance company or against the company itself.

GROUP---a number of persons with something in common that form for the common good of them all. Group insurances are usually much cheaper or have better coverage because the risks are more generalized.

HEALTH-RISK---a person with a known or chronic ailment.

HOSPITAL---a place licensed by the state to treat injured and sick persons at their expense with at least one doctor on call 24 hours a day to diagnose, treat, or perform surgery and where nursing service under a Registered Nurse is available 24 hours per day.

INSIDE LIMIT---a fixed amount for some medical service that the company payment will not go beyond.

MEDICAID---the publicly funded program jointly shared by the federal government and a state government.

MEDICARE ELIGIBLE AND ALLOWABLE COSTS---health charges that are deemed necessary and reasonable which are covered by Medicare.

MEDICARE PART A---the inpatient hospital benefits of Medicare.

MEDICARE PART B---benefits which include physicians' services, medical supplies, treatments, etc. under Medicare.

OUTSIDE EXPENSES---secondary expenses such as those of transportation, housing costs for the accompanying, non-ailing spouse.

POLICY DEDUCTIBLE---the Medicare Part B calendar year deductible and co-insurance amount you must first pay before policy benefits begin. No benefits are payable for those expenses used in determining the policy deductible.

PRE-EXISTING CONDITIONS---health problems or related factors that exist and might instigate a future health problem.

RENEWABILITY---the policy holders option to continue the insurance on each premium due date by just paying the premium. The premium should also remain fixed unless the policy so states otherwise.

SUPPLEMENTAL COVERAGE---payments made before Policy Deductible or beyond the scope of Medicare coverage.

WAITING PERIOD--a period of time which must elapse before certain conditions of the policy can go into affect.

CHOLESTEROL

NOTES TO THE INSTRUCTOR

This unit will probably be of most interest to senior adults because of the question often raised linking heart problems to too much cholesterol.

The one question which is not answered in the text of this unit which may come up is how does a person know if they are eating too much cholesterol. The answer to this question in general is that in our society it probably would not hurt anyone to cut down on the amount of fat consumed. However, the only way to know if you really have a problem is a blood test given by your doctor.

You may wish to take several food containers in with you to allow the student to note how the packages are labeled. You will probably want to take a look at several cooking oils and margarines in regard to their claims relative to cholesterol.

INTRODUCTION

Cholesterol is a word that has become very familiar to most Americans since coronary heart disease is the number one cause of death in the United States. One of the dietary guidelines for Americans put out by the Department of Health, Education and Welfare is to avoid too much fat, saturated fat and cholesterol. Although these words -- cholesterol and saturated fats -- have become "household words", a lot of Americans generally do not know about cholesterol and saturated fats.

WHAT IS CHOLESTEROL?

Cholesterol is a waxy substance that is fat-related. It comes from two sources.

1. Cholesterol is present in many animal-type foods, but not in plant-type foods. Thus, it is found in meats, milk, and milk products but not in fruits, vegetables and grain products.
2. Your own body is able to make cholesterol. Cholesterol is made in the liver. In a single day your body is able to make up to four times more cholesterol than you would usually eat in that same time period.

YOUR BODY NEEDS CHOLESTEROL

Cholesterol is an essential part of the human body and is necessary for the body to function properly. Except for infants, it is not essential in the human diet because your body can make the cholesterol it needs.

Some of the functions of cholesterol in the human body include:

1. Cholesterol is used by the brain and nervous system to transmit nerve messages throughout the body.
2. Cholesterol is a part of human skin and part of every cell in the human body.
3. Cholesterol is essential for making sex hormones in the human body.
4. Cholesterol is needed in the liver where it forms bile acids which help absorb dietary fat.

So despite what you may have heard, cholesterol is not all bad and your body needs cholesterol to function.

WHY THE CONCERN OVER CHOLESTEROL?

Since your body manufactures cholesterol on its own and it is necessary in the human body, you may be asking why there is so much concern about cholesterol in the diet. This concern has stemmed from the observation that persons who suffer heart attacks almost always have above normal levels of cholesterol in their blood. In addition to this doctors and scientists have found that cholesterol is a major constituent in plaque which forms in blood vessels in the body. This cholesterol plaque narrows the blood vessels and may be a factor in heart disease, high blood pressure and stroke.

Populations like ours in the U.S. with diets high in saturated fats and cholesterol tend to have high blood cholesterol levels. Individuals in our country usually have greater risks of having heart attacks than people eating low fat, low cholesterol diets.

Eating extra saturated fat and cholesterol, studies show, will increase blood cholesterol levels in most people. However, there are wide variations among people related to heredity and the way each person's body uses cholesterol. Some people can consume diets high in cholesterol and still keep normal blood cholesterol levels. Other people, unfortunately, have high cholesterol levels even when eating a low fat, low cholesterol diet.

There is controversy about what recommendations are appropriate for healthy Americans. But most physicians feel that for the population as a whole, reduction in our current intake of total fat, saturated fat and cholesterol is sensible. This suggestion is especially appropriate for persons who have high blood pressure or who smoke. For healthy Americans this recommendation is not meant to prohibit the use of any specific food item - you should still eat a variety of foods. For example, eggs and liver are very high in cholesterol, but they also contain many essential vitamins and minerals. Such items should be eaten in moderation as long as your overall cholesterol intake is not high. For persons under a doctors care who need a low cholesterol diet, follow the advice given by your doctor and dietician. The recommendations may be quite different than those for healthy Americans.

TO AVOID TOO MUCH FAT, SATURATED FAT AND CHOLESTEROL

1. Choose lean meat, fish, poulty, dry beans and peas as your protein sources. Avoid high fat meats and poultry such as luncheon meats, sausage, and salami.
2. Use eggs and organ meats (i.e. liver) in moderation.
3. Limit your intake of butter, cream, hydrogenated margarines, shortenings, and coconut oil, and foods made from these products. Choose margarines and oils made from liquid corn, cottonseed, sunflower or soybean oils.
4. Trim excess fat off meats and do not eat it.
5. Broil, bake or boil rather than frying foods.
6. Instead of whole milk and cheeses made from whole milk and cream, use skimmed milk and skim milk cheeses.
7. Read labels carefully to determine both the amount and types of fat contained in foods.

In addition to restricting your cholesterol and saturated fat intake to reduce your risk of heart disease, there are several other ways to reduce risks. These include:

1. Do not smoke cigarettes.
2. Eat to maintain your ideal body weight. Avoid underweight and overweight.
3. Exercise regularly - check with your doctor about an exercise appropriate for you.
4. Obtain medical treatment if you have high blood pressure or diabetes.

CHOLESTEROL CONTENT OF COMMONLY USED FOODS (mg. per serving)

1 cup whole milk	35 mg.
1 cup 1% milk	12 mg.
1 cup skim milk	1 mg.
1 cup 2% milk	15 mg.
1/2 cup sherbet	3 mg.
1/2 cup ice cream	30 mg.
1/2 cup ice milk	17 mg.
1 egg yolk	240 mg.
1 tsp. butter	10 mg.
1 T. mayonnaise	15 mg.
1 T. thick cream	18 mg.
margarine-vegetable	0
peanut butter	0
fruits	0
vegetables	0
egg whites	0
cereals	0
vegetable oils	0

Cheeses	mg. per 3 oz.
limburger	92
roquefort	73
cream	140
American process	87
cheddar	98
bleu	157
mozzarella (part skim)	61
Swiss	91
Gouda	33
dry cottage cheese	1
parmesan	74
American	92

Meat, Fish and Shellfish	mg. per 3 oz.
beef	
rump roast	58
round steak	68
chuck roast	55
beef tallow	56
veal	71
pork	
chops	55
tenderloin	57
ham	42
lard	65
lamb	
chops	66
turkey	
light	61
dark	96
chicken	
light	54
dark	76
kidney	300
liver - beef	320
brains - calf	1,810
weetbreads	280
trout	57
tuna	51
salmon	55
hallbut	33
haddock	64
codfish	46
mackerel	80
herring	75
perch	63
pike	71
shrimp	161
crab	99
lobster	83
oysters	59
scallops	51
clams	49

KEEPING HEALTHY

NOTES TO INSTRUCTOR

This program is quite self explanatory and intended to get people thinking about their own situations. In order to keep it from being a, "Don't do this. Don't do that," program we tried to offer some alternative suggestions.

When presenting the safety portion of the program you could have with you one of the mats suggested to replace the throw rug. You might call your local utility to ask their policy on checking furnaces. A roll of masking tape and a marking pen, to show that leftover food containers can easily be dated, would be another idea. Your local scout troup might be willing to fill milk cartons with sand to have available for people to take home.

It will certainly give life to the program if you ask everyone to join in the exercises. Bring a bean bag, a ball and maybe a few newspapers to show how easily these exercises can be done.

A handout is provided with a safety check list and an outline of necessary products for the medicine chest.

INTRODUCTION

The purpose of this program is to get you to ask yourself some questions. Is there anything about the safety of my home or my lifestyle that could suddenly put me in the hospital, a wheelchair or nursing home? Are there some measures I can take, such as simple exercising, that might enable me to care for myself as long as I would like to? Am I wise about the way I use medications, whether prescribed by the doctor or purchased over the counter?

Because inflation is causing a problem for those on fixed incomes, emergency room personnel are seeing certain cases more frequently than they once did. Some of the cases are caused by equipment and appliances in the home which are not in good repair. Faulty furnaces and bare wires on appliances fall into this category. People are lowering thermostats and not taking proper precautions against the lower temperature or they are not using air conditioners or fans which results in problems with rising body temperature. Some are not seeing their doctor because of the expense and are relying on their own judgement in using over-the-counter drugs. We will discuss these problems and try to give you suggestions to help prevent a disaster for yourself.

You will see by part of the program that we become so use to living with certain dangers that we forget they exist. Scatter rugs are like a time bomb just waiting to go off and put you in a wheelchair, tuna fish that has been in the refrigerator for three days is no longer safe to eat, and a coat of paint on an old rickety chair does not make it safe to sit in.

If exercising is mentioned most people immediately picture someone doing sit-ups or push-ups. There are very simple exercises to help keep yourself more agile, tone muscles and improve circulation which can be a great help when the weather gets very warm or very cold.

Part of the reason life expectancy has risen so dramatically in the last years is because of scientific advancement with cronic diseases. A large percentage of the population is sustained by the medications they take regularly. Of course there are risks involved in this area and we will be talking about a few of them.

You are encouraged throughout this program to add ideas you also may have. The purpose is to get you thinking about your own problems, not to try to cove. every separate situation.

HOME SAFETY

Furnace Check-Up -- In most communities the local utility company will send out a notice some time in August suggesting you have your furnace checked. They will usually send out a service person free of charge to do this if you have it done before the busy winter season gets under way. The biggest concern with furnaces has to do with whether it is vented properly. A furnace that does not vent properly can result in a build-up of carbon monoxide in your home. Carbon monoxide is a silent killer. Persons who are being overcome by this poisonous gas are often not aware of its happening. The signs and symptoms are so similar to those of the flu that help is not obtained until it is too late. A person living alone is at a greater risk of not recognizing what is happening because in families of two or more all the people will begin to experience the same symptoms. The signs and symptoms include nausea, vomiting, light headedness, dizziness, tingling sensations, and general weakness. Notice how these sound so much like someone who has the flu.

If it has been more than two seasons since your furnace has been checked I urge you to have this done as soon as possible. I'm sure your local utility company will be glad to help you.

Scatter Rugs -- The number one item in the home responsible for sending elderly people to the hospital with broken hips is the scatter rug. It is fully realized how dear to your hearts these become, most of you grew up with them and think of them as necessities. Scatter rugs become dangerous for several reasons. If placed on a carpet they are seldom stationary and become bunched up causing a definite hazard to trip over. On the floor, if not well rubberized or taped down it is possible for them to slide. Scatter rugs become worn on the edges giving one more way to catch the toe and fall. There is an alternative. As an alternative to the loose type throw rugs can we suggest mats that are available with edges beveled to meet the floor. The mats are also rubberized on the bottom to prevent slipping. Prices range from $4.00 to $8.00 which in the long run is far cheaper than being cared for with a broken hip.

Other Falling Dangers -- Very often a serious fall will result because we try to make repairs without proper equipment or assistance. Chairs were never meant to be ladders - even the ladder is unsafe if it is not in good repair. Maybe a neighbor, friend, or relative would be glad to change that lightbulb or paint the window sills for you if they only knew it needed doing.

Good lighting for stairways or for your outside walkways is essential. Keeping a milk container filled with sand available by each outside door during icy weather could help prevent a serious fall. It is also important to have a good light or flashlight beside the bed for those middle of the night jaunts to the bathroom.

One item that comes to mind I call the "Pack Rat Syndrome". A cluttered house gives you another possibility of tripping over something and having a serious fall as well as being definite fire hazard. If you have outside help with some of your household chores remind them to leave your furniture in the same place it was found. When you come around the corner you do not want to find an unexpected chair in your way.

Food Storage -- The area we are going to cover concerns leftovers. These become a problem when there are not many people living in the home to finish off things like salads and casseroles. If you take a container from the refrigerator and cannot remember how long it has been there IT'S TOO LONG!! Certain foods such as chicken or fish are particularly dangerous and do not keep more than a day or two. Any mixtures with salad dressing need to be used quickly.

We have only highlighted a few areas of safety to get you thinking. Why not check your own house and your habits, with safety in mind, over the next week.

HYPOTHERMIA (Lowered Body Temperature)

Persons on fixed incomes have been lowering their thermostats in order to save money on utility bills. This can be very risky and you should be aware of measures needed to compensate for the lower temperature.

Some of these precautions include --

Eat hot meals which include protein, bread, and lots of fruits and vegetables.

Drink hot liquids.

Wear warm, loose fitting clothing/several layers are better than one.

Wear hats inside and even night caps and socks to bed - 50% of body heat is lost through the top of the head.

Sleep in plenty of blankets or use an electric blanket, which costs about 5 to 8 cents per night.

Keep drapes and shades closed at night.

Place roller newspaper, towels, or rugs at the bottom of doors to reduce drafts.

Other insulating practices should also be used whenever possible.

Persons with certain health problems are particularly susceptible to become victims of hypothermia. If you are chronic arthritis, have had a stroke, paralysis or amputation or if you are on a depressant type medication, you need to be extremely cautious about staying warm.

People who live alone should have someone who contacts them each day. Hopefully these people will also be aware of the signs and symptoms of hypothermia and would seek help immediately if it is suspected. These signs include:

Bloated, pale or waxy skin/sometimes oddly pink.

No longer able to shiver.

Slowed heartbeat, slurred speech, and slow breathing.

Body temperature below 95 degrees fahrenheit.

Drowsiness, perhaps lapsing into coma.

The person this is happening to will often be unsuspecting, first because it is a gradual change and second if you stop shivering you no longer feel very cold.

It has been recommended by utility companies that you turn your thermostat no lower than 68 degrees if you have medical problems and then only if you take the precautions just mentioned. If you are in good health and also take these precautions it may be possible for you to have your thermostat at 65 degrees.

HEAT EXHAUSTION AND HEAT STROKE

The other side of the coin occurs in the summer when the rising temperature and humidity combine to bring on problems. If the air is hot and dry then the perspiration, which we produce as our cooling system, is able to evaporate and we are able to tolerate the increased warmth. However, if the humidity is high and the air is already saturated our cooling system is much less effective. Our body tries to compensate by bringing more blood to the surface to be cooled which results in less blood going to vital organs. The heart increases output and results in a faster pulse.

The signs to look for in this case are:

Headache, dizziness, impaired thinking, nausea or cramping.

The skin can be pale and clammy going finally to hot and dry.

The body temperature can rise to 106 degrees in a very short time. (This person can go into seizures or coma.)

Precautions can be taken to prevent heat stroke and are of utmost importance for the person who does not use air conditioning.

Some of these precautions include:

Drink plenty of liquids and eat a light but nutritious diet. (Several small meals are better than one heavy meal.)

Wear lightweight clothing but protect the skin surface in out of doors.

Keep sun out of the house by pulling shades and drapes on the sunny sides.

KEEP AIR CIRCULATING! This is most important if the body is to be able to use its sweating mechanism to keep us cooler. The new ceiling fans on the market are less expensive to run than air conditioning and accomplish air circulation quite well.

EXERCISING

Our purpose today is to get you to think about keeping yourself a bit more agile, remembering that what you don't use you lose. If we are no longer using certain muscles they begin to atrophy (harden). The problem here is that muscles nearby are then rendered less effective. In no way are we going to suggest you start on a vigorous exercise program. We are going to show you some very simple exercises you can do even as you sit and watch television. The right kind of exercise taken in the right amount is an important investment for you to make for your own health. Add good nutrition to exercise and you will be practicing preventative medicine. For any exercise program more vigorous than those given here you would need your doctors permission.

Exercise While Sitting -- Something as simple as a light bean bag can be tossed back and forth if there are two people in the house. If there is only one person then toss it in the air and catch it. This should be done with some rhythm and also by opening the hand fully then closing firmly as you catch the bag. This exercise is good for eye coordination as well as hand and finger agility.

A soft ball and Nurf ball can be massaged in each hand. Again, open fingers wide and then squeeze firmly. At times tighten fingers one at a time around the ball. A good exercise item on the market recently is the Rubik's Cube. Another good exercise for the hand and fingers is to spead out newspaper pages and then try to bunch up one sheet at a time using only one hand. You can use a teatowel in place of the newspaper if you wish. Pianists use these exercises to keep their fingers more agile.

Trying to pick up objects with your toes is good for your feet while then bringing the object up so you can take it in your hands will also help the knees and hips. Place a few small objects on the floor with a container close by. Pick up the objects with your toes and drop them in the container.

While still sitting in a chair exercising can be accomplished for your neck, arms and legs. Place your chin on your chest, now slowly move it to your right shoulder,

then tip your head back, now chin on left shoulder and then back to the chest. Remember to do this slowly as too quickly will make you dizzy and count each step as one, two, three, four.

To exercise the arms and wrists try this - One, extend arms out to sides; Two, bring fingertips to shoulders; three, extend arms again and rotate wrists; four, rotate wrists again. With arms extended draw circles in the air again counting to four. Repeat exercise. Extend arms in front of you and repeat same exercise. I know you will feel muscles you forgot you had!

For the legs, while still sitting, extend one leg out in front of you, lift the leg off the chair an inch or two then put foot back to the floor. It should be done rythmically like this - Extend, lift, extend and down - Extend, lift, extend and down. Remember to do each leg an equal amount of times. If extending the legs is too difficult for you then you can do a marching in place exercise.

Standing Exercises -- There are two standing exercises which do not call for much exertion but are still effective in keeping us loosened up. The first is the old hands on hips and twist from the waist. One, twist right; two, face front; three, twist left; four, face front. Repeat several times.

The second standing exercise consists of simply holding on to your dresser or a counter with one hand while you swing the opposite leg. Again, remember to do each side an equal amount of times.

Walking -- You may have heard it stated the best exercise is leaving the car in the garage. Yes, walking is extremely good for all of us. Take precautions, do not walk so far from home that you would have difficulty getting back. Keep in mind it does not have to be extremely hot or cold for an older person to have problems with heat exhaustion or cold exposure. Did you know good muscle tone can help you to better endure the extremes in temperature?

Three points to remember -- Isometric exercises are not recommended for elderly persons, any exercising that takes exertion needs a doctors O.K., and even simple exercising is only effective if repeated each day.

MEDICATIONS

In our discussion concerning medications we will talk about the manner in which you store them and how long they are kept. We will also think about taking prescriptions and over-the-counter drugs that are not compatable with each other. We will not be discussing medications by trade names. If you have any questions concerning your particular prescriptions it is very important for you to consult your doctor or pharmacist.

There is a practice people have today of putting their pills in a container marked for each day of the week. The idea itself is not bad, as it serves as a way of knowing you have taken your medications. Most pills can be stored in this manner, but there are some prescriptions that should not be stored with anything else. Simply tell your pharmacist you transfer your pills to a daily container so he can advise if this is a safe practice for your particular medications.

Pills should never be transferred from one prescription bottle to another. If you are traveling be sure to take the individual bottles along with you. If you have a medical problem while away from home it is very helpful for another doctor to know exactly what you are taking and the daily strength.

Many of you carry nitro-glycerin. This is stored in a dark bottle because it is sensitive to light. It should NEVER be stored with other medications as it can cause a harmful chemical reaction. With nitro-glycerin it is most important to check the expiration date as nito loses its potency and could be totally ineffective just at the time it is suddenly needed.

We have talked about medications not being stored together and this also serves to remind us of medications which should not be taken together. A recent article in a medical journal tells of a gentleman who consulted one doctor because he thought he was anemic. This was found to be the case and the doctor prescribed medication to build up his red blood cells and in a sense thicken the blood. A short time later the same man consulted his family physician about another problem and was found to have

high blood pressure. Being embarrassed about having been to another doctor, it was never mentioned. The family doctor prescribed a blood thinner. The combination of the two medications could have killed him. Luckily the gentlemen took the prescription to the same pharmacist who kept good records for each client and recognized the potential danger.

It is important to take medications only as recommended. There are particular reasons for telling you to take them at certain times of the day, with meals, with water or milk, under the tongue, or what ever the case may be. Do not take more then prescribed because you feel the medication is not doing all it is suppose to do. Check with your doctor for any change that is to be made.

Some additional rules to follow are:

NEVER give your prescribed medication to another person.

NEVER take another persons prescriptions.

Discard outdated medications! Chemical changes can take place, making these a lethal weapon.

Be very cautious about taking drugs you can purchase over the counter. Usually if you find you are taking large doses of these, you need a doctor to care for your problem.

Does your medicine chest need first aid? Are there prescriptions in there from ten years ago? If so, throw them out. Dangerous chemical changes can take place that will put you in the hospital or even kill you.

We have a handout for you to take home to enable you to check your medicine chest. Generally, medicine chests should contain only those health care products likely to be used on a regular basis. Ideally, supplies should be bought to last over a period of no more than six to twelve months. Of course, your own family needs should be taken into consideration.

SUGGESTED ITEMS MEDICINE CHEST SHOULD CONTAIN

Non-drug Products

Adhesive bandages of assorted sizes

Sterile gauze in pads and a roll

Absorbent cotton

Adhesive tape

Elastic bandage

Small blunt-end scissors

Tweezers

Fever thermometer, including rectal type for a young child

Hot water bottle

Heating pad

Eye cup for flushing objects out of the eye

Ice bag

Dosage spoon (common household teaspoons are rarely the correct dosage size)

Vaporizer or humidifier

First aid manual

Drug Items

Analgesic -- aspirin and/or acetaminophen. Both reduce fever and relieve pain but only aspirin can reduce inflammation.

Emetic -- syrup of ipecac to induce vomiting and activated charcoal. Read the instructions on how to use these products.

Antacid

Hydrocortisone creams for skin problems

Calamine for poison ivy and other skin irritations

Antiseptic solution

Petroleum jelly as a lubricant

Anti-diarrhetic

Cough syrup -- non-suppressant type

Decongestant

Burn ointment

Anti-bacterial topical ointment

The medicine chest might also include anti-nausea medication if any family member is prone to motion sickness, a laxative and some liniment. Seasonal items, such as insect repellents and sunscreens, round out the list.

SAFETY CHECK LIST

1. Date furnace checked. _____
2. Replace worn or dangerous throw rugs. _____
3. Step ladder in good repair. _____
4. Outside stairs and inside stairways well lighted. _____
5. No worn threads on stairs. _____
6. Light beside bed. _____
7. Safety strips in bathtub. _____
8. Electrical cords in good repair. _____
9. Newspapers and magazines not stored to become a fire hazard. _____
10. Cautious with leftovers. _____
11. Aware of problem with heat stroke or cold exposure. _____

I HAVE BEEN MEANING TO: (repair, discard, etc.)

11. _____ _____
12. _____ _____
13. _____ _____

MEDICATIONS

14. I have discarded all outdated items in medicine chest. _____
15. I have checked with physician or pharmacist if <u>any</u> <u>questions</u> about my medications. _____

COOKING FOR ONE OR TWO

NOTES TO INSTRUCTOR

General Presentation 1 time.

A general presentation can be taken from this unit including the sub-components:

1. Introduction
2. Basic Four Food Groups
3. Meal Planning
4. Tips to Save Time and Energy
5. Tips to Save Money
6. Tips for Proper Food Storage
7. Serving Tips to Help Create Interest in Meals
8. Summary

This is basically written as it might be presented to a group. It would require little or no involvement from the group. And, the length of the program could be adapted to almost any program dependent upon sections included.

More Indepth Program:

If sufficient interest is shown and more active involvement is possible from the group it is suggested that the Basic 4 be covered in four sessions, each session featuring one group. Begin with an analysis of what they may have eaten over a given period of time and then taking a look at whether they met their daily requirements for that food group. From there one possibility is to share recipes (especially for one or two) which feature foods from that group. If possible, make or have samples of these foods.

Meal Planning could include actual planning of menus and the creating of shopping lists. This can be covered after the completion of the four sessions of the basic food groups or you can gradually build the menus as you review the different groups.

INTRODUCTION

Cooking for one or two people after years of preparing food in larger quantities can be quite a challenge. Learning to cook, if someone else in the family previously handled that responsibility, can also be frustrating. Your two biggest helps will be imagination and determination. There are many ways to simplify meal planning while maximizing nutrition and controlling cost.

Food is the basis of life. Eating good food is one of the joys of living. Food also provides another important benefit, it works to promote good health, and, normal weight. This results in a feeling of well-being that assists us in enjoying each new day and coping with the challenges of living.

Our body's need for some of the nutrients in food, and especially for food energy (calories) changes as we grow older. Infants through adolescents need food for growth, for maintenance of body processes, and for energy to work and play. As older adults we need food to keep healthy and to provide energy for work and other activities, however, because our calorie intake needs to decrease after age 35 we must choose food for its nutritional value if we are to keep the mental and physical processes in peak condition without weight gain. The old saying "you are what you eat" still holds true today.

BASIC FOUR FOOD GROUPS

No matter how many individuals you may be cooking for, the place to start is deciding what to fix. There are simple food guides to help people make good choices when they select food. Wise food buying is an important consideration for older people, especially those who find themselves on a limited income with food prices increasing beyond their budget. Being a wise shopper helps you know what food gives you the best nutritional value for your dollar. Simply remember to include the Basic 4 each and every day. They are:

1. Milk and Milk Products
2. Meat and Meat Alternates
3. Fruits and Vegetables
4. Breads and Cereals

Milk and Milk Products:

The Daily Food Guide shows us that we need two servings from the milk group every day. Dried milk is our least expensive way of providing some of the calcium, protein, and riboflavin we need. Other food sources include whole, skim, evaporated or buttermilk, cheese, cream cheese, cottage cheese, and ice cream. Milk is not a "kid's drink". We never out grow our need for milk, although the amount we need may change over the years. Children should have three or more eight ounce glasses of milk daily and teenagers should have four or more glasses. Now as adults, two or more glasses are suggested. Our bones are no longer growing as they were when we were younger and therefore what is needed is a sufficient amount each day to repair and maintain healthy bones and teeth.

If you are not in the habit of drinking several glasses of milk daily or maybe you just never liked milk, you can still meet your daily requirement. Remember, this food group is called Milk and Milk Products.

Cheese and ice cream may replace part of your milk requirement. It would be impossible to say that a given amount of milk is equal to a given amount of cheese. It is not. It cannot be because cheese

would not have the same amount of all the nutrients milk contains. Substitutions can be made for a given amount of milk based on one particular item. And, as milk and milk products are the major source of calcium substitutions for milk based on calcium are:

1 (1-inch) cube cheddar type cheese = 1/2 cup fluid milk
1/2 cup cottage cheese = 1/3 c. fluid milk
2 tablespoons cream cheese = 1 tablespoon fluid milk
1/2 cup ice cream = 1/4 cup fluid milk

Fruits and Vegetables:

We need to choose four or more servings daily from the vegetable-fruit group. One of the servings should be a good source of vitamin C. At least every other day we need to select a vegetable or fruit high in vitamin A. We then need two or three additional servings from this group to meet our body's needs. You will note that many of the common vegetables including corn, green beans, and peas are not high in either A or C.

* * * * * *

(Teacher's Note: Can you think of some vegetables that are good in Vitamin A and C?

Sources of Vitamin C: Good sources: grapefruit, orange, cantaloupe, guava, mango, papaya, raw strawberries, broccoli, brussels sprouts, green pepper, sweet red pepper. Fair sources: honeydew melon, lemon, tangerine, watermelon, asparagus, cabbage, cauliflower, collards, garden cress, kale, kohirabi, mustard greens, potatoes, sweet potatoes, rutabagas, spinach, tomatoes, turnip greens.

Sources of Vitamin A: dark-green and deep yellow vegetables and fruits: apricots, broccoli, cantaloupe, carrots, chard, collards, cress, kale, mango, persimmon, pumpkin, spinach, sweet potatoes, turnip greens, winter squash.)

* * * * * *

Meat and Meat Alternates:

The meat group includes beef, veal, lamb, pork, organ meats, poultry and eggs, fish and shellfish, and meat alternates such as dried beans, dried peas, lentils and peanut butter. Two or more

servings are required per day. Count as one serving two or three ounces of lean cooked meat, poultry or fish, two eggs, one cup cooked beans, peas and lentils, or four tablespoons peanut butter. In the course of a day we should have two or more servings from the meat group.

Bread and Cereals:

The bread and cereal group includes: breads, cooked cereals, ready-to-eat cereals, cornmeal, crackers, flour, grits, macaroni, spaghetti, noodles, rice, rolled oats, and quick breads if made with whole grain or enriched flour.

The foods in the bread-cereal group furnish worthwhile amounts of protein, iron, several of the B-vitamins and food energy (carbohydrates). Check labels to be sure the bread and cereals included are whole grain, enriched, or restored.

Choose four or more servings daily. Each of the following count as a serving: 1 slice bread, 1 ounce ready-to-eat cereal, 1/2 to 3/4 cup cooked cereal, cornmeal, grits, macaroni, noodles, rice or spaghetti.

Others:

Other foods such as unenriched, refined breads, cereals, flours, sugars, and butter, margarine and other fats are included in our diets, but do not fit under any of the basic four food groups. These foods round out meals and meet energy needs.

WHAT I ATE TODAY?

Fill in what you ate for each meal. Then put a check under the type of food it was.

BREAKFAST	MILK	MEAT	VEGETABLE/ FRUIT	BREAD/ CEREAL
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
NOON MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
EVENING MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
SNACKS				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___

WHAT I ATE TODAY?

Fill in what you ate for each meal. Then put a check under the type of food it was.

BREAKFAST	MILK	MEAT	VEGETABLE/ FRUIT	BREAD/ CEREAL
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
NOON MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
EVENING MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
SNACKS				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___

(Did you meet your requirements for milk today? You need 2 or more 8 fluid ounce glasses. Cheese and ice cream may replace part of the milk. These substitutions may be used to replace a given amount of milk based on calcium content: 1 (1-inch) cube Cheddar-type cheese=1/2 c. fluid milk; 1/2 c. cottage cheese= 1/3 c. fluid milk; 2 T. cream cheese=1 T. fluid milk; 1/2 c. ice cream=1/4 c. fluid milk.)

WHAT I ATE TODAY?

Fill in what you ate for each meal. Then put a check under the type of food it was.

BREAKFAST	MILK	MEAT	VEGETABLE/ FRUIT	BREAD/ CEREAL
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
NOON MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
EVENING MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
SNACKS				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___

(Did you meet your requirements for meat today? You need 2 or more servings daily. Count as one serving: 2 or 3 ounces lean cooked meat, fish, poultry; 2 eggs; 1 c. cooked dry beans, peas or lentils; 4 T. peanut butter; 1/2 c. cottage cheese.)

WHAT I ATE TODAY?

Fill in what you ate for each meal. Then put a check under the type of food it was.

BREAKFAST	MILK	MEAT	VEGETABLE/ FRUIT	BREAD/ CEREAL
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
NOON MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
EVENING MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
SNACKS				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___

(Did you meet your requirements of fruits and vegetables today? You need 4 or more servings daily. Count as 1 serving: 1/2 c. vegetable or fruit; 1 medium apple, potato, or orange; 1/2 medium grapefruit or cantalopue.)

WHAT I ATE TODAY?

Fill in what you ate for each meal. Then put a check under the type of food it was.

BREAKFAST	MILK	MEAT	VEGETABLE/ FRUIT	BREAD/ CEREAL
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
NOON MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
EVENING MEAL				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
SNACKS				
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___
_____	___	___	___	___

(Did you meet your requirements of breads and cereals today? You need 4 or more servings daily. Count as 1 serving: 1 slice bread; 1 ounce ready-to-eat cereal; 1/2 to 3/4 cup cooked cereal, rice, macaroni, etc.)

MEAL PLANNING FOR ONE OR TWO

Most of us here are not dietitians, home economicsts, or French chef's, but we do have to be able to plan a meal that's nutritionally adequate. Our goal is to combine low-cost foods attractively. That requires determination, and maybe, learning some new nutritional ideas that weren't around a few years ago.

Step one is to plan each day's meals to include foods from each of the Basic Four food groups in the daily food guide. Try to plan menus for a week at a time.

It works best to have a serving from the meat groups as well as a serving from the milk group at least two meals a day. Don't forget to include at least one fruit or vegetable that is a valuable source of vitamin C and also those that are good sources of vitamin A every other day.

Decide how many meals per day works best for you. Three meals a day is usual, but many people prefer four or more lighter meals. It is felt that a light evening meal often aids sound sleep, so it would seem advisable to plan the heartiest meal for midday.

When planning your meals consider color, flavor, and texture. Consider whether you have bland with tart flavors or something crisp to contrast with softer foods. Also, use hot and cold foods for variety.

You can make things easier for yourself by partly or fully preparing some of the meal ahead of time. Another time and energy saver is to prepare your favorite recipes and then freeze in smaller amounts. Many retired people have busy schedules so their time must be budgeted, others have physical problems that require conservation of energy and limitation of activities. Dovetailing meal preparation tasks is good management, no matter what your age.

TIPS TO SAVE TIME AND ENERGY

1. Use frozen dinners or main dishes with simple heat and serve vegetables.
2. Try combination dishes that save time, preparation, and clean-up. (Soup-ed up dishes would be an example, or adding meat and/or vegetables to macaroni and cheese another.)
3. Oven meals usually take less watching and require fewer pans. They may, however, add to your energy cost. Consider using a slow cooker or small appliance rather than heating your whole oven for one dish.
4. Use your freezer or frozen food compartment in your refrigerator to keep commercially frozen food on hand or to freeze your own special dishes or desserts.

TIPS TO SAVE MONEY

1. Plan menus for a week, or longer at a time. Plan around the meats that are "on special" or already in your freezer. Check foods on hand before you shop.
2. Shop with a list to avoid impulse buying.
3. Choose your store or stores carefully. Stores that deliver, give stamps, or give credit usually charge higher prices.
4. Know when vegetables and fruits will be "in season", at their lowest price and peak in quality.
5. Learn to buy in quantities you can use without waste.
6. Use unit pricing to compare different brands and sizes for the least cost per pound, ounce, or pint. Then buy the least expensive size that you can store properly and use without waste.
7. Remember that individual servings of foods such as potato chips, ready-to-eat cereals, raisins and tea cost more than when purchased in larger containers.
8. Check the date on a perishable food. Plan to use it or freeze it before it spoils. Sometimes food can get left on the shelf after its freshness date, so be sure and always check. Also realize that the freshest food is on the back of the shelf, so if you are alone you may want to reach to the back of the shelf.
9. Shop for low cost foods within each food group. Examples would be: chicken vs. steak, plain bread vs. fancy rolls, green beans vs. asparagus or dried milk vs. whole milk.
10. When buying meat consider your cost per serving instead of just your cost per pound. Many higher priced meats are your better buys if they have little bone, gristle or fat. Chicken and turkey are usually good buys compared with other meats. Fish has little or no waste and yields a high number of servings per pound. You might want to set a limit on the amount to spend on meat for the main meal of the day, or you may prefer to set an average amount to spend, allowing for some high-cost and some low-cost items through the week.

Save money and time by using leftover meat and fish in casseroles, salads, sandwiches, soups, and as a flavoring for cooked vegetables. Pre-packaged cold cuts for sandwiches are very expensive per ounce.

11. Do plan to eat an adequate amount of meat, poultry, or fish (four to six ounces per day), but then fill in with more economical foods - potatoes, rice, macaroni products, and bread - to fill out the meal. Don't forget to include the lesser expensive eggs, dried beans, and peanut butter part of the time. These foods can save you money while adding variety.
12. Substitute nonfat dry milk for fluid milk whenever possible. You probably won't notice the different in cooking and many people don't object to it as a beverage when it is mixed with 50% regular milk.
13. Buy fresh milk in 1/2 or 1-gallon containers. (It can be frozen). Usually it costs more: to have milk home delivered, to purchase it from special service stores, or to purchase it in small containers.
14. Try generic and store brands. Many times the quality is similar to more expensive ones.
15. You can sometimes save money while adding variety to meals, if you buy small amounts of foods that are available in cans. Try using baby or junior foods in recipes that call for small amounts of vegetables or fruit.
16. Check labels to make sure the flour, bread, or cereal you are buying is whole-grain, enriched or restored. Whole-grains, especially bran, provide fiber, which aids the normal functioning of the intestinal tract. Enriched and whole-grain foods also supply important amounts of many nutrients, including iron and certain B-vitamins.
17. Cereals you cook yourself are usually less expensive than instant or ready-to-eat cereals. Unsweetened cereals cost less per serving than pre-sweetened ones and is much better for you. Buy cereals in family-sized boxes, if practical, and then store carefully to avoid waste.

18. Some convenience foods can be real time-savers. Consider cost and quality of the finished product when trying to decide if the time (and energy) saved will be worth the additional cost. Some people enjoy cooking and baking and others find it a chore. Some foods that are easy to prepare, yet inexpensive: many canned and frozen vegetables, fruits and juices, instant dehydrated potatoes, canned and dried soups, bread, prepared mixes for biscuits and cakes, and ready-to-eat and "quick" cereals.

Menu Planning for a Week

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	GROCERY LIST
BREAKFAST								
DINNER								
EVENING								

TIPS FOR PROPER FOOD STORAGE

1. Foods will last longer and be in better condition if stored promptly after shopping.
2. Rotate older foods to the front of the shelves or refrigerator so they will be used first.
3. Make it a practice to label and date frozen foods to insure usage while still fresh.
4. Use jars or cans with tight fitting lids to store dry foods such as flour, cornmeal, rolled oats, rice, sugar, dry milk, breakfast cereals, or potato chips.
5. Refrigerate prepared foods and leftovers promptly, especially those foods containing eggs, milk or any leftover cooked foods. Cover foods in the refrigerator. This will prevent the food from picking up odd flavors.

SERVING TIPS TO HELP CREATE INTEREST IN MEALS

1. Be mindful of the fact that a person's attitude is a powerful influence. One can learn to enjoy dining alone.
2. When serving foods, use an attractive tray, pretty place mats, or other device to make the meal enjoyable. Meals on trays can be carried to a table or chair by the window, to the porch, lawn, or living room, where ever you are more likely to eat slowly and enjoy your meal. Listen to the radio or play favorite records while you are eating.
3. Garnishes can be an easy way to make a meal more appealing. Food tastes better if it looks good. Learning to cook with herbs and other seasonings instead of salt can make food more flavorful, while improving your health.
4. Share a meal with a friend.
5. If you can fit it into the budget, occasionally ask a small group of family or friends to some of your meals. Entertaining can make food preparation fund. Or make it a pot luck, therefore providing for a variety of food with a small cost to any one individual.
6. Dine out when you can afford it. Take advantage of Dinner Date, Meals on Wheels, and other food programs.

SUMMARY

Each of the steps that have been outlined today start with planning. It's the first step in improving your meals, lowering your food bills, or improving your health through better nutrition. Why not start planning today to improve your tomorrow? We're never too old to learn!

SUPPLEMENTAL INFORMATION

This is not suggested for presentation to an average group of senior adults. Rather, it is to serve as background information for the presentation.

NUTRIENTS CONTAINED IN FOOD:

Food contains the following nutrients that are necessary for a healthy body: protein, carbohydrates, fats, vitamins, minerals and water. Since food is vital for life, you need to know something about the nutritive content of foods, which are the best sources of the various nutrients, and how to combine them into a healthful, balanced diet.

Some foods contain more nutrients than others, and you need to know how to select the combinations of food that will give you the nutrients you need. We have an abundance and variety of food in this country and we can choose many combinations that will lead to a nutritious diet. Probably the most important thing to remember is that no one food does everything and all foods have something to offer. By eating a variety of different types of foods we will be assured of getting all the nutrients most of us need.

Protein is one of the three most plentiful substances found in the body. Protein helps keep the body working. Protein is also part of the hemoglobin molecule in red blood cells which carries oxygen into the system. The antibodies in the blood stream that fight off disease and infection are also protein. Another important use of protein is to building muscle tissue.

Sources of protein are among the most expensive items in our diet. Protein could be especially important to an older person should they be recovering from an operation or injury. Adequate protein aids in fast healing and helps prevent fatigue while lessening susceptibility to infections. Common foods that supply protein are meat, poultry, fish, milk, cheese and eggs. Bread and cereal are also important sources.

Sometimes we forget that vegetables such as soybeans, chickpeas, dry beans and peanuts are also good sources of protein, and often less expensive than the ones listed earlier. Combining cereal or vegetable foods with a little milk, cheese, or other animal protein can provide good protein in your diet.

Examples of how to do this would be to eat cereal with milk, rice with fish, spaghetti and meat balls, or simply drink a glass of milk during a meal. By combining these foods we get the high quality protein our body needs, and we do it at a lower cost.

The fats found in butter, margarine, shortening, salad dressing, nuts and bacon provide energy and add flavor and variety to foods. Fats carry vitamins A, D, E, and K and are essential parts of the structure of the cells which make up the body's tissues. Fat also provides a necessary cushion around vital organs.

Do remember, however, that fats that are liquid at room temperature, are better for you than butter, lard, or the fatty parts of meat. Also, we need only about two teaspoons of fat per day to stay healthy. We should monitor our fat intake if overweight is a problem.

Carbohydrates are our most important source of energy in the diet. These are the starches and sugars found in cereal grains, fruits, vegetables, and sugar added to foods for sweetening.

The cereal grains and those foods made from them, such as bread, spaghetti, macaroni, noodles, and grits provide starch along with other nutrients. Most vegetables contain starch, those having the highest concentrations of it are potatoes, sweet potatoes, peas, dried beans, peanuts, and soybeans. Fruits mainly contain sugar which is broken down by the body to produce energy. Candies, jams, molasses and syrups are concentrated sources of sugar.

Water, although it contains no calories or energy, is important. Water is necessary for all the processes of digestion. It also carries waste materials out of the body and assists in regulating body temperature.

The water a person drinks is the body's most obvious source, but coffee, tea, fruit juices, and milk are also significant. Soup and many fruits and vegetables contribute to meeting our daily need.

There are many minerals needed by the body, but we will deal only with the most important. Most of the others--zinc, copper, sodium, potassium, magnesium and phorphorus--are widely available in many foods. If you select a variety of foods while shopping you should meet your body's need for these trace minerals.

The most abundant mineral in the body is calcium, and it is one of the two most likely to be inadequate in the diets of many people. Calcium works closely with phosphorus in forming the bones and teeth. Calcium is required for blood to clot and for the heart to function normally. The calcium levels of the blood also effect the nervous systems ability to work properly. Osteoporosis sometimes results when older people, most often women, do not include enough calcium rich foods in their diet.

Milk and milk products are our most common sources of calcium, however, dark green leafy vegetables like collards, mustard greens or turnip greens do provide some calcium and salmon and sardines also supply useful amounts.

Iron is another essential mineral, unfortunately, only a few foods provide iron in very large amounts. The best sources include liver, heart, kidney and most lean meats along with shellfish, whole-grain and enriched breads and cereals and dark green leafy vegetables. It will probably take some extra planning on your part to ensure a diet with an adequate supply of iron to prevent anemia.

Recent studies have shown American diets to be too high in salt, thus putting extra strain on the heart, circulatory and nervous systems. Limit salt for better health, but when you do salt, make sure it is iodized salt. A deficiency of iodine can result in a swelling of the thyroid gland and a condition know as goiter. Don't use a salt substitute without your doctor's permission.

Our last nutrient is vitamins. Scientists know of a dozen or more vitamins necessary for good health. To get what you need you need to eat from a well-chosen assortment of foods every day.

We will cover a few of the vitamins of great importance as well as the foods that supply them.

Vitamin A is required for eye function and to keep the skin and mucous membranes resistant to infection. Our bodies can store this vitamin, however, we usually need a source of it every other day. Food sources include: collards, turnip greens, carrots, squash, sweet potatoes, peaches, apricots, cantalope, papayas, liver, kidney, and whole milk or fortified skim milk, cheese from whole milk and fortified margarine.

Three of the most common B vitamins--riboflavin, thiamine, and niacin--release energy in food and keep the nervous system, digestive system and skin healthy.

Food sources of these vitamins include; meats, milk, whole-grain or enriched breads and cereals, and dried beans and peas.

Vitamin C, ascorbic acid, cannot be stored in the body. Vitamin C helps hold body cells together and aids in resisting infections. Food sources include citrus fruits and juices, potatoes, sweet potatoes, tomatoes, peppers, broccoli, turnip greens, raw cabbage and collards.

Our main source of vitamin D is milk that has been fortified. Sunlight, if it shines directly on the skin, will enable the body to produce this vitamin. Without vitamin D we cannot absorb calcium or maintain strong bones and teeth.

LIVING OFF SOCIAL SECURITY

NOTE TO INSTRUCTOR

We wish to strongly emphasize that this unit is not intended to answer all questions that may be directed to you by one of your students. In fact, it is not intended to answer any of the personal questions that a person may have about their particular situation. Rather the unit will give the general frame work in which social security has been established. It will give maximum benefits for a given area and discuss total program administration.

This unit was written in the summer of 1982 and great care was made to see that the data was up to date. Because of constant changes this unit will be of use only as long as you, the instructor, update the figures.

It is suggested that you have a representative from social security visit your class while you cover this unit. They would be an excellent resource for questions that may come up.

INTRODUCTION

Social Security has been in the news a great deal lately. Thus it is important to take a brief look at the system as it now exists, as recent changes have been made to get it back on a more secure financial footing.

Almost everyone knows about Social Security, however, polls have shown that there is a great deal of inaccurate information that is commonly believed. It isn't all that surprising that many people are confused about the system when you stop and consider how the system has expanded over the last several years with increasing sets of rules and provisions. After we have examined what Social Security currently provides, we will look at recent changes, and then at some common myths about Social Security and the facts to set you straight.

PART I - SOCIAL SECURITY

Franklin D. Roosevelt founded the system in 1937. When asked about his economics philosophy, he is reported to have said, "I am a Christian and a Democrat, that is all". The two corner stones of FDR'S programs were that it not be financed out of the general federal budget, and that it not be viewed as welfare.

Nine out of ten working Americans are now covered. Workers currently employed pay into the system and the employer pays an equal amount. Benefits can be paid for those already retired, disabled, or deceased. Workers forego current income in exchange for the promise that the system will then provide them and their family with a benefit when they retire, become disabled, or die. Their benefits will have to be collected from those currently employed at the time they become eligible for benefits.

Here are some commonly asked questions about how the program works and who it benefits.

What Benefits Does Social Security Provide?

1. Retirement benefits beginning as early as age 62. The eligible spouse and/or children may also receive benefits.
2. Disability payments go to a worker under 65 who for an extended period of time is either physically or mentally disabled and unable to work. The family of a disabled worker can also get benefits.
3. If a worker has been covered by Social Security for a qualifying amount of time and then that worker dies, survivors checks can go to certain members of the worker's family. In addition to this, a lump sum payment of $255 can be made if there is an eligible surviving widow, widower, or entitled child.
4. Hospital insurance for those who have reached age 65 or over, and others who have received disability payment for at least 24 months.

FOR WHOM WILL BENEFITS BE CALCULATED?

You must be "fully insured" or related to someone who is. For someone reaching 62 this year, that means that they must have worked in a covered job for at least 31 quarters. The qualifying period varies with the year of your birth. It currently takes $310 in earnings to qualify for one quarter of credit, but that amount will be increased each year to reflect rises in average wage levels. Earnings no longer have to be in certain months of the year. If you earn $1,240 during any period in the year, you get four quarters of credit.

WHAT IS IT WORTH?

The amount of the monthly checks for those who reached 62, become disabled, or die after 1978 is computed by a complex formula that adjusts actual earnings for past years since 1951. The adjusted earnings are then averaged together before a formula is applied to the average to obtain the benefit rate. This newer method, while more complex, insures that benefits reflect changes in wage levels over your working lifetime. This is important considing the average wage in our country has changed considerably over the last two decades.

If you reached 62 before 1979, your benefits are figured by a different method. So that the changes can be phased in gradually and no one nearing retirement age will be hurt by the changes, those workers who reach 62 after 1978 and before 1984, will have their retirement benefits figured both ways and will be paid at whatever is the higher rate.

Those workers who qualify for disability and the survivors of deceased workers will only have their benefits figured under the new formula.

The most important thing to remember about the amount of the monthly check is that it is based entirely on earnings covered by Social Security. The more you pay, the higher the adjusted earnings.

An example of the maximum retirement benefit for a person who reached 62 in 1981 would be $480. This would go to someone who had worked the maximum number of years under Social Security and contributed the maximum amount.

The person who became disabled in 1981 could receive up to $716, depending on age and past earnings. If this worker had eligible dependents, the maximum family benefit could earn as high as $966.

If a worker died after 1981, and left a family of three or more, they could receive a benefit of up to $1,253 a month.

If you first started receiving benefits in 1981 at the age of 65, the benefit can be up to $752.

Cost of living raises for those already receiving benefits has now been built into the system. At the end of each year the cost of living will be compared with the cost of the previous year. If there has been an increase of at least 3 percent or more, the benefits will be raised by a matching amount.

PART II - RECENT CHANGES IN SOCIAL SECURITY AND HOW THEY MAY AFFECT YOU

Our lawmakers have recently had to come to grips with the fact that Social Security had been in the red for the last seven years and was nearing the point when it would exhaust the trust fund. Social Security was spending $12,000 more than it was taking in every minute of the day.

Legislation was needed to strengthen the financial status of the program. This was done by eliminating unearned and unintended benefits that were not related to the original purpose of the Social Security program.

One major change will phase out benefits to students attending college or other post-secondary schools. The lawmakers felt that there are other student aid programs now available to help with this need, so unmarried, full-time students under 22 who had a parent who had retired, become disabled, or died will gradually have benefits phased out over the next four years.

The "minimum benefit" has also been eliminated for people who first became eligible for payment after December 1981. At one time a person with low average earnings or sporadic employment would still qualify for a benefit of $122 per month. This floor has been removed by the new laws and now people will be getting benefits based only on the workers average earnings coverd under Social Security.

The new law will not change the benefits for those already receiving checks based on the minimum.

Those people who became entitled to disability benefits after August 1981 will have a limit placed on disability benefits, so that the combined total of Social Security and Workers' Compensation payments can't total more than 80% of their average wages before they became disabled. This "offset" applies until age 65 (it used to be 62). The offset now also includes selected disability benefits provided by Federal, State, and local governmental programs. It does not include VA payments, or payments based on need, or on work covered by Social Security.

The spouse of a retired, disabled, or deceased worker with an eligible child used to receive payment until that child was 18 if they remained unmarried. In the future the payments will stop when the child turns 16, unless they are disabled.

Some people will receive benefits one month later because the new law doesn't allow payment until all requirements of eligibility are met for the entire month.

Effective in January 1983, retirees age 70 will get full benefits regardless of how much they earn in a year. Until that date, the annual earnings test still applies until age 72.

The last major change is that the lumpsum death payment will no longer be paid to a funeral home or the payee of burial expenses, but only to a surviving spouse or entitled child.

PART III - COMMON MYTHS AND FACTS ABOUT SOCIAL SECURITY

Myth: Social Security is a form of "savings account".

Fact: Social Security actually operates on a "pay-as-you-go" basis where-by the law requires current workers and their employees to contribute in order to immediately "transfer" this money to the eligible person currently on the rolls.

Each person's contributions are not kept in a special account and returned to them when they become eligible for benefits.

Myth: The majority of people paying into Social Security never get out what they put in.

Fact: The person turning 65 in 1982 who had paid at the maximum would get back cash benefits equal to contributions in only 18 months. Social Security taxes have gone up, however, benefits are rising faster. Statistics show that if you live 15 years past age 65, you would get back at least five times as much as you and your employer both paid. Furthermore, records show that you only have to live until age 71 to double the return on your investment.

This does not take in account the additional disability and survivors benefits provided to the family. When a spouse is eligible for benefits on the workers records, that pay back period is shortened even further.

Also, bear in mind that Social Security checks will automatically rise with inflation. In these times of inflationary erosion, that built-in cost-of-living benefit is a big plus.

Myth: Excessive administrative costs have been a factor in why the total program is in financial trouble.

Fact: Only 1.3 percent of the money paid in goes to adminstration.

Myth: Social Security benefits are enough to retire on.

Fact: The program was designed to supplement other sources of support, and it was never designed to fully support the retired. Such things as savings, pensions, insurance, and/or earnings will be needed to maintain yourself at your pre-retirement standard of living (often estimated by experts at 70 percent of your pay just before retirement).

Do keep in mind that while current Social Security benefits are indexed to increase with inflation, the additional sources of your income might not, unless you plan very carefully.

Currently, approximately 40 percent of Social Security retirement benefits are paid to people with incomes of $10,000 or more. Statistics further show that benefits account for 32.9 percent of the total income of American families where the head of the household is over 65, and 46.7 percent of total income for elderly people not living with a family.

Myth: You collect benefits automatically once you are eligible.

Fact: Social Security does not call you, you must contact them to get benefits rolling. Do contact your local Social Security office as soon as possible if any of the 4 following conditions exist: (1) you will be unable to work for at least 12 months due to an illness or injury; (2) you are 62 or older and plan to retire; (3) you are within two or three months of becoming 65, even if you do not intend to retire; (4) someone in your family has died.

Myth: You can't work and still collect.

Fact: You can receive benefits if your annual earnings do not exceed the annual exempt amount. The annual exempt amount for 1982 is $6,000 for people 65 or over. If you are over 72, your benefits can not be reduced by earnings.

If you should earn more than the annual exempt amount, Social Security withholds $1 in benefits for each $2 of earnings above the limit. If your source of income is from savings, investments, or insurance, your check will not be affected. If your earnings affect your retirement checks, the checks of your dependent will likely be reduced also.

Myth: Divorce cancels your right to collect on the ex-spouse's account.

Fact: Not if you were married for at least ten years and you have not re-married before age 60, and your ex-mate has started to collect benefits as well. If you start receiving benefits at age 62, you'll receive monthly checks of 37 1/2 percent of your former spouse's benefits. If you wait until 65, the percent moves to 50. It is possible for a first and second husband or wife to be entitled to the same allowance if they meet the above criteria.

Myth: Medicare pays most of health care costs after age 65.

Fact: Medicare pays an average of approximately 40 percent. Medicare was never intended to meet all the health care costs of the elderly. Obviously, you will need supplemental funds and/or additional health insurance (often called "Medigap"). The time restriction and services not covered can result in large out-of-pocket costs for you. Shop for supplemental insurance very carefully. Generally "comprehensive" policies are a better bet than several smaller policies that only cover certain types of illnesses (for example, cancer). Check to see if you can continue the group insurance from your place of employment if you pay the costs.

Medicare A - the hospitalization phase of the system - comes without charge if you are 65 and eligible for Social Security benefits.

Medicare B - for doctors fees and some other expenses - will reduce your 1982 Social Security check by $11 per month. You still pay 20 percent of the charges after deductions. Similar coverage through a private insurance company would cost approximately three times that amount.

PART IV - TIPS TO AID IN PLANNING

Worries about money and health can wreck your later years. Social Security won't totally solve your money concerns, but because it's such an important part, do check sources of Social Security information carefully. Work with the system to insure that you receive all the benefits for which you are eligible. When the rules are changed, many of the people who were previously ruled out can then draw benefits. Stay informed through newspapers, magazines, and especially the information booklets prepared by the Social Security Administration. Call them whenever you have questions. You must make the move to apply for any benefits due to you.

Financial planning is critical to make sure you have adequate income during retirement, and to make sure that it is from sources that won't reduce your Social Security benefits. Check with a financial advisor to find out which investments are right for you.

Do check on the special tax benefits that you may be eligible for after age 65. Be informed on how you may benefit from: double tax exemptions, sale of residence, medical deductions, nontaxable sources of income, and state and local tax exemptions. Many seniors are unaware of these exemptions and fail to file for them. Inquire at all levels of state, county, and local government to see what you may be eligible for.

Your local Internal Revenue Service office can give you free tax advice. Some communities provide a Taxmobile to aid seniors in preparing returns and in other communities a VITA (Volunteer Income Tax Assistance) volunteer can visit your home.

Additional written assistance can be obtained from free pamphlets from the IRS. They are entitled "Tax Benefits for Older American" (number 544) and "Your Federal Income Tax" (number 17). Another helpful pamphlet that is free from your congressman or available for 35¢ from the Superintendent of Document, GPO, Washington, D.C. 20402 is called "Protecting Older American Against Overpayment of Income Taxes".

If you are turned down on a claim with the Social Security Adminsitration don't just give up. Ask them to reconsider. If you feel that a decision made on your claim is not correct, you may need to request a hearing by a judge from the Office of Hearings and Appeals. You can also ask for a review of that decision, and if need be, take your case to the Federal Courts. The Social Security Administration makes no charge for any of the appeals that come before the Administration and they can advice you on how to get your claim reconsidered.

One last tip. Stay healthy! Eat and exercise intelligently. Maintainance is cheaper (and more rewarding) than repair.

HIGH BLOOD PRESSURE

NOTES TO THE INSTRUCTOR:

Experience with and familiarity with certain medical terms is an asset in the presentation of this program. This unit contains general information which can be effectively shared by any lay person working with senior adults. However, be careful not to attempt to become more technical then your personal background. At several points throughout the unit you will find words or phrases in parentheses. This is to give you a choice of two ways of expressing a given statement, One is in "layman's" terms, the other slightly more technical. Your own background, as well as the level of the students, should dictate your choice.

This unit is compiled from information from the National Kidney Foundation and the American Heart Association. It consists of the following ten components:

1. Introduction.
2. Glossary.
3. Pre/Post Quiz
4. Understanding the Cardio-Vascular System.
5. Diagrams of Cardio-Vascular System.
6. What is Blood Pressure?
7. High Blood Pressure.
8. The Targets of High Blood Pressure.
9. The Patient and the Doctor.
10. Risk Factors - for Heart Problems.

A very basic presentation of this unit would need to contain the four basic sections presented below:

1. Understanding the Cardio-Vascular System.
2. What is Blood Pressure.
3. High Blood Pressure.
4. The Patient and the Doctor.

FURTHER NOTES FOR THE INSTRUCTOR - SUGGESTIONS IF USING TOTAL UNIT

1. Introduction

Emphasize "Symptomless-symptoms" that a person may think they feel which are often from some underlying cause and not from the blood pressure itself.

Figures on life expectancy are:

Normal Life Expectancy - Male 70
Female 75

Male age 35 with Blood Pressure 140/95 will shorten life expectancy up to 9 years.

Female age 45 with Blood Pressure 130/90 will shorten life expectancy up to 1 1/2 years.

Female age 45 with Blood Pressure 140/95 will shorten life expectancy up to 5 years.

Female age 45 with Blood Pressure 150/100 will shorten life expectancy up to 9 years.

Even though Hypertension is the official word for high blood pressure, it has nothing to do with a person being relaxed or tense and refers only to the excessive pressure on the arteries.

2. Glossary

For a full length program you may wish to supply a copy for each participant. It would be your decision whether to discuss the words before getting into the rest of the program.

3. Pre/Post Quiz

Let each person take the test quietly. Explain that they will hear the answers as you progress and then it will be discussed at the end of the program. It will be something of a review and may clear up some myths.

4. Cardio-Vascular System

Emphasize the Arterioles, as it is in these smallest arteries that medical researchers feel most of the problem of High Blood Pressure begins.

5. Diagrams

A copy should be provided for each participant. Remember to refer back to the illustration as you come to the topic in the program.

6. What is Blood Pressure?

It would add to the program to have blood pressure equipment available for display and even better, a person who is trained to use it.

If the group is not too large some people may wish to have their blood pressure taken.

Remember that the reading is a personal matter - have some 3 x 5 cards handy to jot down the figures. If some have high readings be sure to emphasize the need for proper equipment and the proper setting or the possibility of a "temporary" rise. At the same time suggest they have their pressure checked sometime soon at their own clinic. If the person is large the blood pressure cuff may not be their size and the reading will not be accurate - usually too high. Your local ambulance team may be willing to assist with this portion of the program.

You will probably want to do this at the end of the program or during a break.

7. High Blood Pressure

This is an explanation of what high blood pressure is. It needs to be emphasized that the "cause" in most individuals is unknown. The diagrams are useful for this section.

8. Targets of Hypertension

These are the three main targets - A great deal of extra material is available from the National Kidney Foundation and from the American Heart Association.

9. Patient and Doctor

If a more detailed program on medications is desired, the 1980 report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure is available from the Public Health Services. Ask for National Institutes of Health publication Number 81-1088.

10. Risk Factors

This is a good audience participation portion. Most people know what these things are but do not think of them often.

11. Quiz

At this point be sure to go over the Pre/Post Quiz. The paper entitled "Doctor's Orders" can be handed out at the end of the program. The study which is referred to was in a recent article of Psychology Today and is the work of Dr. Harold Levinson of the University of Wisconsin, Madison.

INTRODUCTION

High blood pressure is a disease which is more prone to effect some persons than others. The reason for this is unknown. It is a symptomless disease making it difficult for people who have elevated pressure to take it very seriously. If only it hurt a little! One person can lead a very stressful life and his/her blood pressure will not be affected, while on the other hand some individuals have blood pressure which rises with each overtaxing situation.

In spite of how little is known about "why", much is known about the effects of High Blood Pressure in the total health picture. We will try to reinforce some information you already know, clear up some myths, and hopefully if you are one of the millions with High Blood Pressure you will see the seriousness of taking care of yourself with your Doctor's help.

Do you know how hard our bodies will work to compensate for its problems?

Do you know that a man of 35 who has a blood pressure of 150 over 100 and ignores it will shorten his life expectancy by 16 years?

We will discuss the main targets of High Blood Pressure - the Heart - the Brain - the Kidneys.

We will talk about starting some preventative measures now, before it strikes.

We are going to tell you that if you have High Blood Pressure - AND KNOW IT - you are one of the LUCKY ones.

We will discuss the care your Doctor may prescribe and hopefully give you some encouragement to follow his orders.

The information gathered for this program has been compiled from reports of the American Heart Association and the Kidney Foundation. Both of these groups are very involved in educating the public about High Blood Pressure. It has been known for many years that High Blood Pressure is one of the leading risk factors of heart disease and stroke. It is now known that it is also a major risk factor of kidney disease. At least 50% of the people now on dialysis treatment had histories of High Blood Pressure. Many of these delayed getting care for their "symptomless disease" - High Blood Pressure.

TECHNICAL GLOSSARY

ARTERY - A vessel that transports blood away from the heart to different parts of the body. All arteries transport oxygenated blood except the pulmonary arteries which transport unoxygenated blood from the right side of the heart to the lungs.

ARTERIOLES - The smallest subdivison of the arterial tree preceding the capillaries.

ATHEROSCLEROSIS - (from ATHEROMA - plaque in the inner layer of an artery and SCLERO - hardening)

Deposit of lipids (fats) in the inner lining of arterial walls resulting in the formation of atheromas. The process usually begins during the first two decades of life and increases in severity with the rising age level.

CAPILLARIES - Blood vessels intermediate between the arteries and veins whose wall consists of a single layer of cells; oxygen and chemicals filter through the capillary into the tissues while carbon dioxide and other metabolic wastes pass from the tissue into the capillary.

DIASTOLIC - The rythmic relaxation of the muscles of the heart chambers during which time they fill with blood.

HYPERTENSION - (HYPER - prefix meaning excessive or above the normal)

High arterial pressure in adults usually is defined as 140/90.

a. Essential Hypertension - Without a known cause.

b. Reno-vascular Hypertension - Due to obstruction of the renal arteries in the kidneys.

MYOCARDIAL INFARCTION - (Myo - Muscle; Cardio - heart; Infarct - tissue death)

Deterioration of a portion of the heart muscle as a result of deprivation of its blood supply, usually due to a blockage of the artery supplying blood to the area.

SYSTOLIC - The rythmic and synchronous contraction of the heart muscle.

SPHYGMOMANOMETER - (sfig-mow-man-ah-met-er) (SPHYG - pulse)

An instrument for measuring arterial blood pressure.

VEIN - A vessel that carries unoxygenated blood toward the right heart; the pulmonary vein carries oxygenated blood from the lungs to the left side of the heart.

VENTRICLE - A cavity, especially in the heart or brain:

a. Right Ventricle - The right lower chamber of the heart.

b. Left Ventricle - The left lower chamber of the heart.

Melloni' Medical Dictionary

What Do You Think?

ALL QUESTIONS CAN BE ANSWERED AS TRUE OR FALSE.

_____ 1. High blood pressure affects one in ten persons in the United States.

_____ 2. The reason high blood pressure is called the sneaky disease is because it often has no symptoms.

_____ 3. If someone takes my blood pressure and it reads 150 over 90 I have high blood pressure.

_____ 4. The task of the cardiovascular (heart and blood vessel) system is to distribute oxygen and nutrients to all body tissue.

_____ 5. Individuals may have a high blood pressure reading while on the "Pill" or because of a medical problem.

_____ 6. Approximately 10% (ten percent) of the persons diagnosed as having high blood pressure are controlled by elliminating salt from their diet and controlling their weight.

_____ 7. If the arteries in the kidneys become narrow or damaged the system retains extra salt and fluid.

_____ 8. High blood pressure <u>is</u> a leading "Risk" factor in heart attacks. The other <u>two</u> <u>leading</u> risk factors are stress and lack of exercise.

_____ 9. Persons who have had a heart attack have stated, "I thought I was having a toothache for the last week".

_____ 10. The medication my doctor prescribes will cure my high blood pressure.

_____ 11. It takes the body 6 to 8 months to adjust when starting on medication for blood pressure control.

_____ 12. Staying on medication after a person feels well is difficult - 50% (half) drop their medical program without their doctor's advice.

<u>NOTES</u>

ANSWERS FOR PRE/POST QUIZ. (For Instructor)

1. False - High blood pressure affects one in six persons in the United States ... At least half are undiagnosed.

2. True - Some people may get headaches, nosebleeds, or shortness of breath, but, usually by then the blood pressure is very high.

3. False - Blood pressure can fluctuate because of temporary problems or stress. Only a doctor should diagnose the disease. Do not let "someone" tell you you have high blood pressure (especially those drug store machines). The proper equipment is essential as well as the proper procedure.

4. True - And our system is such that it will try its best to see this is accomplished even to the point of overworking itself.

5. True - Approximately 10% of blood pressure problems are corrected when an underlying cause is eliminated. This is why the doctor may recommend several different tests if he finds your blood pressure elevated.

6. True - Both of these measures are recommended for all of us, however, only your doctor can decide that this would be an adequate program for your case.

7. True - If the narrowing or damage is severe enough other toxic materials may also be retained. Remember, once extra salt and fluids are retained the heart will bear the extra burden.

8. False - After high blood pressure the other two leading factors in heart attacks are smoking and cholesteral. Stress and lack of exercise are considered "secondary factors".

9. True - Pressure from the overworked or damaged heart can cause "referred pain" in areas such as the jaw, arms or even the abdominal area. (Referred pain is when the problem is in one part of the body but the pain is felt elsewhere. A reason for this is that the nerves for these two parts of the body may lay next to each other in the spinal cord.)

10. False - High blood pressure can be controlled - no cure has yet been found.

11. False - It does take 6 to 8 weeks (or 2 months). If you are placed on medication you need to be aware of some of the side effects you may encounter. The doctor will want to know if any of these become extreme, but many may just take time for the system to adjust.

12. True - "50%" - Some people think that because their blood pressure is now controlled and because they feel so much better they can cut down or stop their medication. Only the doctor should prescribe any program change.

UNDERSTANDING THE CARDIOVASCULAR SYSTEM

Before we begin talking about blood pressure it helps if we have a general understanding of our body and how it works and of our cardiovascular system in particular.

What am I talking about when I use the term cardiovascular? Well, nothing more then the heart and the blood vessels.

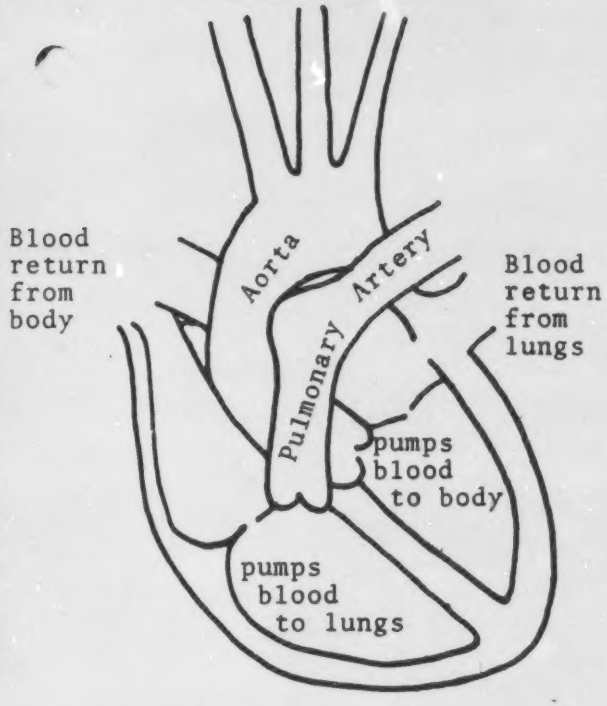
The heart is a muscle that acts like a pump. It normally beats about 80 times a minute or over 100,000 times each day. The right side of the heart has received blood back from the veins throughout the body after having distributed oxygen and nutrients to the system. The left side of the heart has received blood from the lungs and is rich in oxygen.

As the heart beats the muscles contract and send blood from the right (ventricle) (side) to the lungs and from the left (ventricle through the aorta) (side through the aorta) to start its trip through the body. As the blood starts this trip it usually does not meet with much resistance as the vessels are large enough for blood to pass through easily. However, our vessels become smaller and smaller (going from aorta to arteris and then to arterioles). It is in the small (vessels) (arterioles) that resistance is often met. The blood must get through this system in order to cross over the capillaries. It is in the capillary network that the oxygen and nutrients are distributed to body tissue. After passing through the capillaries the blood returns to the heart through the veins. The trip back to the heart is a more passive one as the vessels become larger and larger.

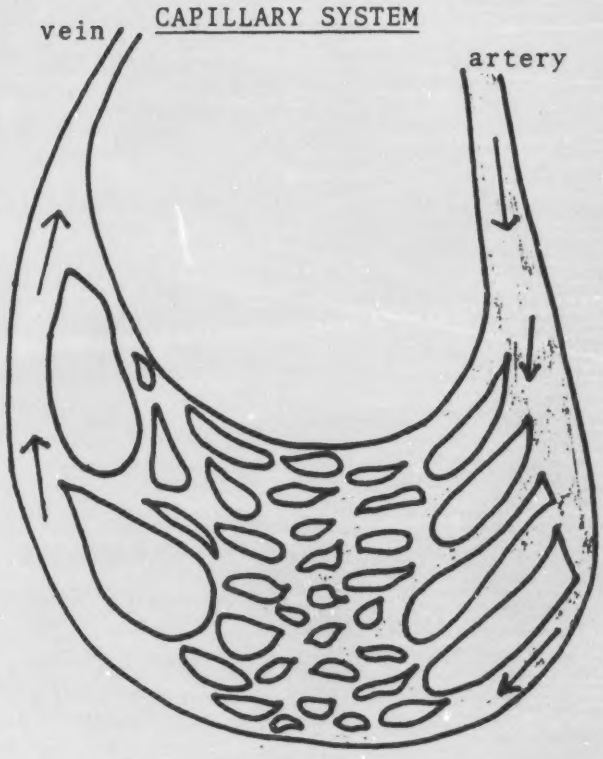
The average adult has approximately six (liters) (quarts) of blood in his arteries and veins. Children have less, varying

with their size and age, and newborn infants have only (1 1/4 cups) (300 milliliters). In all healthy people the circulatory system is adjusted and constantly readjusted automatically so that 100 percent of the capacity of the arteries, veins, and capillaries holds just 100 percent of the blood. The size of the arteries and veins is controlled by the nervous system according to the amount of blood available and by many other factors in order to keep the blood pressure normal.

HEART FUNCTION



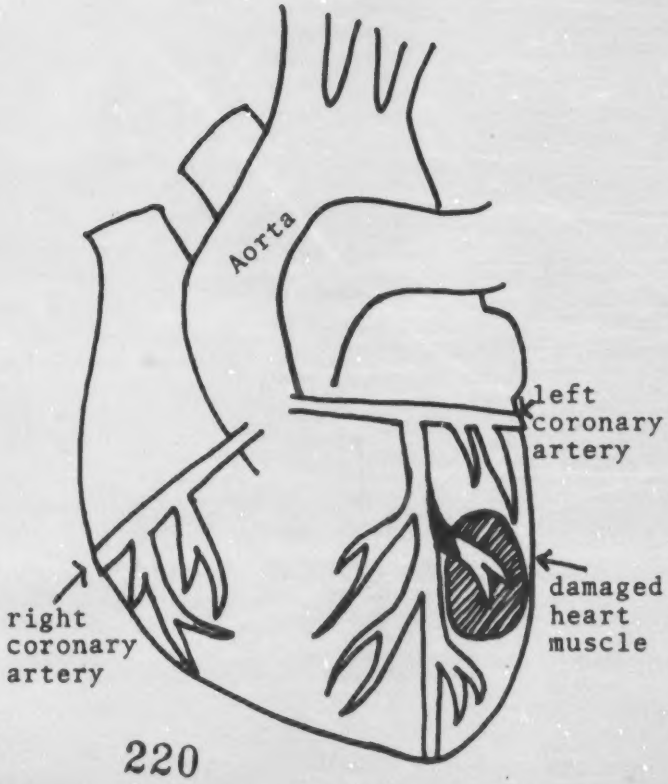
CAPILLARY SYSTEM



ATHEROSCLEROSIS (FATTY DEPOSITS)

Diminished Blood Supply

BLOCKAGE OF CORONARY ARTERY



WHAT IS BLOOD PRESSURE?

Blood pressure is the amount of pressure being exerted against the walls of the arteries with each contraction of the heart. By measuring our blood pressure the doctor is able to judge quickly how hard the heart is having to work.

Blood pressure is measured with an instrument called a sphygmomanometer and a stethoscope. The Cuff is wrapped around the arm and inflated until the arterial flow ceases, (or usually about 30 mmHg (millimeters of mercury) beyond that point). The stethoscope is placed on the inner side of the elbow over the artery and as the air in the cuff is released a tapping sound is heard with each heart beat.

The reading is usually given in two figures such as 120 over 80 and is written "120/80". (The first figure gives you the amount of pressure when your heart is contracting and pumping blood and the second figure is the amount of pressure when the heart is resting.) (The first figure or 120 is the systolic pressure or the first sound heard with the stethoscope. It is the amount of pressure being exerted against the arteries when the heart contracts and is pumping blood. 80 is the diastolic pressure or the point at which the tapping sound disappeared. It is the amount of pressure still being exerted against the arteries even with the heart at rest.)

120 over 80 is often called the "normal" blood pressure but the figures can vary higher or lower in many individuals and will also vary with certain activities. Children usually carry a lower pressure as do some atheletes. If you are exercising or become excited the smaller blood vessels contrict causing the heart to pump harder to keep blood flowing through the system. After you relax your

pressure will usually return to a normal level. Because of these changes the doctor will sometimes take several blood pressure readings over a period of time.

HIGH BLOOD PRESSURE

If the blood making its trip through the body begins to meet with resistance the heart will begin to pump a little harder in order to accomplish its job. The more the resistance the harder the heart will pump.

The harder your heart has to pump the higher your blood pressure reading will be. There is no reading which implies high blood pressure for everyone. In adults it usually is defined as 140/90, but this is a general statement so again let me emphasize that you are a unique individual and only your doctor can tell you what to do relative to your blood pressure reading.

As for the actual cause of high blood pressure in most cases it is unknown. Why one individual will have high blood pressure and the next one does not is a complete mystery.

There are two main ways that resistance comes about.

1. Constriction of the blood vessels themselves.
2. A buildup of plaque inside the vessels known as atherosclerosis.

Either of these two situations will cause your blood pressure to rise. But why it occurs to varied degrees in individuals is the unknown element.

It is estimated that about 15% of the adult population, or 20 million people in the United States have high blood pressure. Millions of people have the problem and are not aware of it. The average age for the pressure reading to begin to climb is in the 30's, however, it can occur at almost any age and is most common as we get older.

We stated in the introduction that little is known about the "why" of high blood pressure. Heredity plays an important part as we are constructed like our parents and grandparents. If they had the

disease you need to be aware you are a prime candidate. Understanding why some persons have vessels that will constrict in a manner that makes blood passage more difficult is part of the many studies being continuously conducted on the subject.

Atherosclerosis, the second cause we mentioned, contributes directly to the severity of high blood pressure. We all have some degree of atherosclerosis as it begins early in life. The inner walls of the arteries are made thick and irregular by the buildup of fatty deposits such as those caused by cholesterol. If the arteries become very narrowed the system is deprived of blood to the point of obstruction.

If this occurs in arterioles in the brain it can result in stroke. If it is the arteries feeding the heart muscle itself it will lead to a heart attack.

TARGETS OF HIGH BLOOD PRESSURE

1. The Heart

One of the prime targets of high blood pressure is the heart. Heart attacks kill 600,000 people per year. In this portion of the program we will find out who are the prime candidates to develop heart disease and what they can do about it now. There are three main types of heart attack:

A. MYOCARDIAL INFARCTION - meaning death of the heart muscle. It is caused by a blockage in the arteries which supply the heart muscle itself with blood. When a total blockage occurs the muscle past that point receives no oxygen or nutrients and the cells in that part of the heart literally die. If there is excessive death of these cells the heart may not respond to treatment and will not be able to perform at all. Sadly, it can often happen that the first symptom of a heart attack will be sudden death.

B. ANGINA - known as heart pain, is caused when the arteries to the heart muscle are beginning to close or become narrowed with a build up of atherosclerosis. The heart is sending out a message telling us it is not receiving enough oxygen and nutrients. Angina attacks usually occur following activity of some kind and should be relieved by stopping the activity and taking Nitroglycerin as prescribed by the doctor. If someone you know has angina you should know that if their symptoms are not relieved after taking 3 (three) nitroglycerin tablets the problem has probably worsened and the person should be taken to the doctor or the hospital immediately for further treatment.

C. CONGESTIVE HEART FAILURE - is the form of heart attack caused by a weakened or worn out heart and is most often seen in persons of advanced years. As this weakened muscle strives to keep the cardio-vascular system supplied with blood it finds itself overworked. As a result fluids begin to back up in the system and particularly in the lungs causing congestion and difficulty breathing. Treatment for persons with congestive heart failure is usually aimed at ridding the system of excess body fluids and salt.

"DENIAL" is very often the first reaction a person may have to the symptoms of a heart attack. It is this denial which keeps people from seeking immediate help. They feel frightened at the same time thinking this can't be happening to me, I'm too young, I'm too masculine or healthy, or it's just indigestion. We should all be familiar with the signs and symptoms presented by a heart attack so we can recognize them for ourselves or if they should occur in someone we love.

There is often a tight feeling or pressure across the chest. Heart attack victims have stated, "It felt like someone was sitting on my chest or tightening a belt around me." The pain can travel to the jaw or to the left arm. (Extremely sharp pain that quits within a minute or two is usually not associated with heart attack.)

Shortness of breath occurs because of the pain of breathing and because of the back up of blood or fluid in the lungs. The person begins to perspire heavily and will take on a mottled appearance because of the compromised flow of blood through the system. The pulse becomes very rapid as the heart tries to compensate and the blood pressure falls.

The first hour of a heart attack is known as the Golden Hour and a persons chances of recovery are greater if help is received quickly. Most people who die from an attack were having symptoms for more than one or two hours before calling for help.

2. The Brain

Cerebro-vascular Accident (CVA) better known as STROKE.

A stroke is caused by an accident in an artery in the brain. There are several ways this can happen. A weakened artery which under pressure can rupture, atherosclerosis can stop the flow of blood to the portion of the brain, or a blood clot forming in the artery or coming from somewhere else in the system. By now you recognize the problem. Brain cells past the point of the accident are going to be deprived of oxygen and nutrients, the portion of the brain so effected will cause the function.

Persons with high blood pressure should be aware they are prime candidates for a stroke. Although high blood pressure is symptomless there are usually warnings for the person who has a stroke. The warnings, again, are often ignored. By the time the blood pressure has reached levels where it can do damage to the brain the person may have experienced periods of dizziness, short blackouts, severe headaches, pain or numbness in the face or numbness in one of their limbs. When the brain is not receiving enough oxygen a person often becomes extremely agitated or restless. This, too, can be a good warning sign of impending trouble.

3. The Kidneys

High blood pressure is also one of the leading factors in kidney disease and is the reason the Kidney Foundation is now so active in getting information to the public on its control. Impurities being filtered out of the blood stream are removed through the urinary system. If the blood traveling through the kidneys meets with resistance then the task of filtering is slowed down and results is a buildup of toxic waste in the blood.

THE PATIENT AND THE DOCTOR

If you have recently been told by your physician that you have high blood pressure you will find it difficult to believe you are one of the "Lucky Ones". High blood pressure is the most serious health problem in the United States because so many people are unaware their pressure is too high. Of the millions who have high blood pressure, only 25 percent are getting adequate treatment.

The sad aspect of this is the fact that high blood pressure can be effectively treated and, in many cases, prevented. Millions of lives a year could be saved if we would have regular blood pressure checks, follow intelligent dietary and exercise practices, and comply with their physicans recommendations after hypertension was diagnosed.

With mild hypertension (between 90 and 105 diastolic) (second number of reading) treatment usually begins with suggested changes in diet and lifestyle. Among the recommendations frequently accepted as appropriate by doctors are:

1. REDUCE WEIGHT - Part of the burden placed on the heart by the extra weight is due to the miles of blood vessels added to our system for each overweight pound.
2. REDUCE SALT INTAKE - In countries where salt intake is low, hypertension is virtually unknown. Though some people can eat salt and maintain low blood pressure, many cannot. To be safe, learn which foods contain high salt levels and avoid them. Processed foods are among the biggest culprits in this regard.

3. EXERCISE MORE - Undertake only with advise from your physician. To suddenly start a strenuous form of exercise can in fact be harmful. Walking is often recommended.

4. REDUCE STRESS - People who are in good physical condition can usually handle stress very well. An analysis of your life style with your physician may help point out some areas that could be changed or eliminated to make your life less stressful.

5. STOP SMOKING - The Framingham study concluded that cigarette smoking was the most significant harmful additive for people with high blood pressure.

If these changes in lifestyle are ineffective in controlling high blood pressure after six months, the doctor will probably start drug therapy. Some doctors will not wait that long.

Because no hypertension drugs are without side effects in some people, doctors like to avoid their use whenever possible. Still, they are among the most effective weapons in medicine world. It is often possible to stay on anti-hypertension drugs for decades without ill effects.

A primary method of treating high blood pressure is the "stepped care" plan. Each step is slightly stronger than the preceding step attempting to control high blood pressure using the fewest drugs possible.

The first step is usually a diuretic or "water pill" which reduces fluid volume in the body and is also aimed at eliminating sodium from the system. Some diuretics also take potassium from the system but, some do not. Your physician should advise you whether you need to replace potassium and if this is to be done by adding certain foods to your diet or by medication. (Don't be afraid to ask!)

Futher steps may be added to your program if the blood pressure does not come back to an accepted level. There are medications which alter the output of the heart or the act to dilate the blood vessels, particularly the (arterioles) (smallest vessels). These medications may be given in addition to the initial diuretics.

Doctors vary the step plan to suit the needs of the indiviudal patient, and if the plan fails to reduce pressure, they frequently order more tests to determine if one of the less common cuases of hypertension is involved. Most often, if the plan seems to be failing, doctors suspect that the patient may not be following the plan faithfully. Perhaps because it is a silent disease, those with hypertension may fail to follow their doctors' orders.

Many rebel against the pills they must take each day which may cause some side effects. In most cases the system adjusts to the medication in a few weeks and the side effects disappear.

Ask your doctor what you may expect to happen and then if a reaction is severe be sure to contact him. The effects of these medications can range anywhere from light-headedness, diarrhea, and palpations to fainting or sexual dysfunction. Most of these can be corrected with a change in your medication program.

* Don't be frightened by high blood pressure. It can be treated effectively.
* Do the simple things your doctor suggests. Simple measures such as weight reduction, salt restriction or diuretic therapy, often produce good results.
* Don't rush frantically from one physician to the next looking for a quick, easy miracle drug. Stick to one reliable doctor or one clinic and follow through with the plan of treatment.

* If placed on drug therapy, be patient and don't stop treatment if side effects occur. Give yourself a chance to adjust to a drug's reaction if one occurs. It often takes several weeks to do so, but the end results will justify your persistance.

DOCTOR'S ORDERS: HA!

Many patients think they know more about the symptoms and treatment of their illnesses than do their doctors. For instance, even though evidence shows that you cannot accurately tell when your blood pressure has risen, 90 percent of high blood pressure victims in one study said they could, citing such (false) symptoms as headaches, flushed faces, and tension. Patients are guided by these faulty assumptions when deciding whether or not to follow a doctor's prescribed treatment.

Experts in high blood pressure control believe you need to know the following things if you are going to be successful in keeping your blood pressure down. If you can't answer all of these questions, make a point to ask about them the next time you visit the doctor.

1. My blood pressure is usually _____.
   It should be about _____.

2. The name of my medication is _____.
   I'm suppose to take it at _____.

3. The medication can cause side effects such as _____
   _____.
   If I have side effects, I should _____
   _____.

4. The benefits of following my high blood pressure treatment are _____.

RISK FACTORS FOR HEART PROBLEMS

Because this program is about high blood pressure you are well aware by now it is a prime "Risk Factor for Heart Disease". The risk factors are those things in our lives which can contribute to making us a candidate for cardio-vascular, or heart, problems.

Risk factors can be divided into two catagories, primary and secondary factors, and can be further divided into those factors we can do something to correct and those over which we have no control.

PRIMARY FACTORS	SECONDARY FACTORS
Smoking	*Heredity
High Blood Pressure	Stress
Cholesterol	Overweight
	Lack of Exercise
(The asterisk denotes those over which we have no control.)	*Age
	*Males
	*Black Persons
	*Diabetes

Let's take these factors one at a time leaving high blood pressure until last.

SMOKING - We are all aware of the buildup of tar and nicotine in the lungs caused by smoking but some of these materials also get transferred to the blood stream. These materials are then deposited on the blood vessel walls contributing to the athersclerosis. The blood vessels of a smoker also constrict. A person need only light up a cegarette and take about three puffs for this constriction to start. This is also the reason many smokers feel the cold more easily and often have cold hands and feet.

CHOLESTEROL - Is the most direct contributor to the build up of plaque on the artery walls. Cholesterol is prevalent in such foods as eggs, butter, bacon, or any fatty food. It has been found to be one of the substances in gallstones.

HEREDITY - If there is a history of heart disease or cardio-vascular problems in your family this increases your chance of also having problems. People often do not go to the doctor for a physical check-up until they are ill or if needed for a job application. If your family history suggests any future problem for you a yearly check-up is definitely in order.

STRESS - Books are written on this topic and it is still very misunderstood. Many people can handle stress very well especially if the stressful period is not prolonged. Their system rapidly adjusts back to normal. Stress causes the body to produce adrenalin, the heart pumps faster and harder and the blood vessels constrict as with smoking. If a person subjects his system to this treatment day after day the blood pressure begins to rise and an extra burden is placed on the heart.

OVERWEIGHT - Another case of the heart having to work harder to get the job done. Persons with large amounts of body fat seem to have difficulty breathing. Their lungs have less room in which to expand and they take in less than the usual amount of oxygen. Again the heart overworks to pass enough blood through the lungs to pick up a sufficient supply of oxygen to satisfy the needs of the heart, brain, and kidneys. For every 20 pounds extra you carry the blood pressure will rise by at least 5 points.

LACK OF EXERCISE - Flabby, sedentary body is like a poorly tuned car. It has not been proven that regular exercise will prevent atherosclerosis but it certainly helps to tone the muscles and to control weight. Diabetics who are on a regular exercise program often require less insulin. Never start an exercise program without advise from your doctor. There can be great danger, for instance, in going from no exercise program to jogging. One of the better programs includes leaving the car in the garage!

AGE - Our first consideration about age is the fact that as we grow older the normal body processes make us a more likely candidate for cardio-vascular disease. The life expectancy of a person in our nation is well in the 70's and by gaining information on taking care of ourselves we can certainly help to prolong our lives. The other age factor has to do with the fact that each succeeding generation is going to become more educated thereby adding years to the life expectancy rate.

MALES - Men have been more prone to heart disease. However, because of the women's movement, "Women's Lib", with an increase in the number of women in the work force, and the number accepting major responsibilities, we may find an increase in the number of women who have heart problems.

BLACK PEOPLE - A high precentage of black persons have high blood pressure. It is not known if this is caused by their physiological make up or because of the years of stressful environment under which many have lived.

DIABETES - People with diabetes suffer from circulatory problems and are at a high risk of developing high blood pressure. Because their systems have difficulty with sugar and fat distribution this adds greatly to atherosclerosis.

HIGH BLOOD PRESSURE - The more the resistance the harder the heart will pump. It is able to compensate in many instances when things are going wrong. If it gets too warm our cooling system takes over and we "sweat". If it gets too cold we begin to shiver as the muscles try to create warmth. If the oil could not get to a part of your car the engine would not work harder to get it there, it would simply break down. But, our heart will work "overtime" as long as it is able trying to get as much blood as possible to where it is needed. Notice, I said as long as it was able. In some cases the pump itself wears out.

If you can put yourself into more than one catagory of these risk factors your chances for cardio-vascular problems is greatly multiplied. It would be wise for you to examine those areas you can change, and with the help of your physician, get yourself back on a safer road to good health.

HIGH BLOOD PRESSURE

AND

A SALT RESTRICTED DIET

NOTES TO INSTRUCTOR

General Presentation 1/2 to 1 hour.

This unit presents information on the following subtopics:

1. What is meant by the terms salt and sodium.
2. What is meant by the terms hypertension and high blood pressure.
3. Sodium's affect on blood pressure.
4. How much sodium are we actually eating.
5. What foods contain sodium.
6. Sodium restricted diets.
7. General guidelines of a sodium restricted diet.
8. Conclusion.

This unit is easily understood with possibly one exception and that is the discussion of salt intake using milligrams. As most Americans do not feel comfortable with metrics you may wish to convert to English measures or preferably, physically show them how much salt is being talked about.

Check your local store to see what salt substitutes are available and possibly get sample containers.

More Indepth Program:

For an indepth session or a series of sessions it is suggested that you move into taking a look at how much salt everyone is indeed eating. Have students record all food eaten in a day or over a week and determine approximately what their daily salt intake is.

If there is sufficient interest you can then move into low salt cooking and the introduction of alternation seasoning possibilities.

REMEMBER, YOU ARE NOT A DOCTOR OR A DIETICIAN. IMPRESS UPON THEM THAT ONLY THEIR DOCTOR KNOWS THEM AND POSSIBLY THEIR MEDICATION AND IT IS HIS OR HER DIRECTION THAT SHOULD BE FOLLOWED.

MILD SODIUM RESTRICTED DIET

(2,000 to 3,000 milligrams sodium/day)
(87-130 mill Equivalent)

DESCRIPTION:

The Mild Sodium Restricted Diet is for a person placed on a diet which is moderately restricted in sodium. Salt is the main source of sodium, but large amounts of sodium are also found in certain other foods. Some of these foods will need to be restricted in the patient's diet. The majority of foods to avoid are listed at the bottom of this page.

At home a person on a Mild Sodium Restricted Diet may use 1/4 teaspoon of salt per day in the preparation of food. However, no salt should be added to the food at the table.

FOODS TO AVOID:

broth, bouillon
buttermilk
canned soups and dehydrated soups
gravy - unless salt free
catsup, mustard
regular canned tuna fish and salmon
cured meats (bacon, sausage, ham, corned beef)
weiners, luncheon meats
all cheeses, but cottage cheese
pickles, olives
sauerkraut
saltine crackers
snack foods (potato chips, pretzels, salted nuts, salted popcorn)
peanut butter
high sodium seasonings--seasoned salts, monosodium glutamate, prepared sauces
chewing tobacco
Lite-Salt
limit milk to 4 cups per day
limit salad dressing to 1 tablespoon per day
limit regular tomato juice to 1/2 cup per day.

Check with your doctor before using salt substitutes.

REMEMBER:

If using regular canned vegetables, drain off juice before heating and heat up in a small amount of water.

SODIUM/SALT

Before we begin our discussion on the topic of high blood pressure and a salt restricted diet there are two items we need to clarify. One is the difference between salt and sodium and the other is the two terms high blood pressure and hypertension.

In the so called "salt restricted diet" sodium is usually the element which is being restricted. Common table salt is made up of two substances, sodium and chloride. Its chemical name is sodium chloride and NaCl is its chemical symbol.

sodium chloride

Sodium Chloride, or table salt, is 40% sodium and 60% chloride. Even though table salt contains less sodium than it does chloride, it is still the sodium ingredient that we are concerned about.

Whether someone uses the term sodium restricted diet or salt restricted diet they are most likely talking about the same thing.

HYPERTENSION/HIGH BLOOD PRESSURE

Hypertension and high blood pressure are exactly the same thing and can be used interchangeably to describe a blood pressure which is above normal.

You will probably find that the medical profession tends to use the term hypertension while we lay people tend to use the term high blood pressure.

SODIUM'S POSSIBLE AFFECT ON BLOOD PRESSURE

Salt is a substance which acts like a sponge. It draws water into it. Therefore, when you eat excessive salt your body retains more water. You may have noticed a puffy, spongy look to your lower legs and feet after a higher salt intake.

This extra water in the body causes an increase in the blood volume. With more blood in the same size blood vessels, the pressure in the vessels will increase. Hence, high blood pressure or hypertension.

Do not let the term hypertension mislead you. A person may appear very calm, but still have hypertension whereas you may know an extremely exciteable person who has normal blood pressure. Hypertension has nothing to do with describing an individual's personality. It is used only to describe blood pressure. People who seem to be overly active, exciteable, and/or emotional are sometimes labeled by others as "hyper". This hyper has nothing to do with hypertension.

The old idea that excess salt may cause hypertension or high blood pressure is gaining additional support almost daily. It is now clear that there is more to this association than just the salt intake. Scientists have found that some people seem to be immune to the effects of high salt intake while others (15 to 20% Americans) are susceptible and will develop high blood pressure when eating excessive sodium. Population studies show that several primitive societies existing today who have very low salt intakes have virtually no high blood pressure with advancing age. However, when these people move to town or otherwise increase their salt intake they begin to develop hypertension. The opposite is seen also. High blood pressure is extremely common in "high salt consuming" societies such as Japan and its incidence increases with age.

SODIUM IN THE AMERICAN DIET

The average American diet today contains from 6,000 to 18,000 mg of sodium each day. How much salt is too much? Specific answers are impossible, but studies have shown that

both children and adults require no more than 200 mg of sodium per day, just 1/10 of a teaspoon of table salt. Needs for sodium increase somewhat in lactating women and people working hard in hot environments, but still an intake of 2,000 mg is adequate for the most strenuous circumstances. Yet the American diet contains sometimes more than 40 times what our bodies require.

WHERE DOES THE BODY GET SODIUM

Sodium occurs naturally in many foods, particularly animal products. However, most sodium in the American diet is added in the form of salt for seasoning as in canned vegetables, peanut butter, all "convenience" foods and mixes. Salt also is used for preservation, as in bacon, sausage, ham, and luncheon meats and for pickling as in olives, pickles, and sauerkraut. Sodium is included in compounds such as baking soda and baking powder to leaven quick breads, cakes, cookies, and other desserts.

A great many foods have natural sodium. Some foods contain only a trace whereas others contain enough in a single serving to throw off your diet if you are restricted to less than 2,000 mg a day of sodium. General fruits and fruit juices contain negligible amounts of sodium. Unsalted vegetables contain more than fruit, but in general can be considered fairly low in sodium. As mentioned before animal products such as meat, poultry, fish, milk and eggs contain substantially more sodium than fruits and vegetables. These foods will be allowed on your diet, but if your diet is quite restrictive, you will need to eat only the amounts of these animal foods specified.

In addition to foods, the body may also get sodium from water and some medicines. Antacids are very commonly sodium based and can be a real problem on a sodium restricted diet. There are non-sodium based antacids on the market. Ask your doctor or pharmacist to tell you which antacids are low in sodium if you need to watch your sodium intake. Also, softened

water will usually contain many times more sodium than the hard water. In some communities, even the city water is fairly high in sodium. Figures on the sodium content of city water are available from local water department officials or from the Iowa State Department of Health.

SODIUM RESTRICTED DIETS

If you are on a salt or sodium controlled diet you may be on this diet for one of several reasons. A sodium restricted diet is commonly used as part of the medical treatment for liver disease, renal disease, simple edema and cardiovascular diseases such as congestive heart failure and high blood pressure or hypertension. The most common reason is to treat high blood pressure. It is important to remember that there are different levels of sodium restriction. Sodium, like meat, is measured by weight; but instead of being measured in pounds, sodium is measured in very tiny units called milligrams. To get an idea of the weight of these units, think first in a pound. Divide this pound into sixteen ounces and then divide each ounce into 30 parts. Each of these 30 parts weighs about 1 gram and if you divide that gram into 1,000 parts you have 1 milligram, abbreviation mg. Sodium restricted diets may range from as little as 200 mg sodium to 2,000 to 4,000 mg sodium. The sodium level recommended for you is individual and depends on your medical condition. Be sure to follow the instructions your doctor gives you.

The diet which I am going to be explaining to you is a mild sodium restricted diet containing 2,000 to 3,000 mg. sodium. It is the most commonly used diet because it is easier to follow than the more restrictive diets and physicians and nutritionists have found that people tend to follow this diet better with less problems. This diet is about the mildest of all restrictions and so will pertain to everyone. If you are on a stricter level, you may need to avoid more foods in addition to the ones listed.

GENERAL GUIDELINES OF SODIUM RESTRICTED DIET

1. Do not use salt at the table.
2. Frozen vegetables will have less sodium than those canned with salt. Use frozen whenever possible and drain juice from canned vegetables before heating.
3. Salt substitutes contain substantial amounts of potassium. Check with your doctor before using salt substitutes. Persons with certain medical conditions or taking certain medications should avoid excessive potassium.
4. Avoid using Lite-Salt. Lite-Salt is one half table salt and shouldn't be used by people required to cut down on sodium intake.
5. Learn to read labels and look for the words sodium or salt. Consult a dietician or nutritionist if you have questions.

CONCLUSION

Learning to enjoy a salt-restricted diet is only a matter of time. Quite soon you will find you have learned to enjoy the natural flavor of foods that have been hiding behind the salty taste. When you are accustomed to your low salt diet you will no longer enjoy the taste of foods on your list to avoid as they will taste "too salty". You may also want to try experimenting with herbs and spices to add subtle flavor to some of the blander foods. When making hotdishes which call for canned cream soups try using a thick to medium white sauce made from margarine, flour and milk rather than the salty canned soup. If the recipe calls for cream of celery soup, add fresh celery to achieve the flavor. Onions, mushrooms and chopped chicken also work well in white sauce to substitute for cream soup. REMEMBER, it is important if you have hypertension to check with your doctor frequently to see how you are doing. If you have questions about your diet, consult a doctor or see a dietician or nutritionist as they are trained to help you.

APPROXIMATE SODIUM CONTENT OF SOME COMMONLY USED FOOD ITEMS

Item	Amount	Na (mg)
Bread, regular	1 slice	120
Bread, unsalted	1 slice	7
Butter, regular	1 tsp.	50
Butter, unsalted	1 tsp.	1
Egg	1 large	65
Meat, unsalted	1 ounce	20
Milk:		
Whole	1 cup	120
Fortified Skim	1 cup	120
Buttermilk	1 cup	330
Soup, canned	1 serving (3 from 1 can)	800-900
Wheaties	1 cup	395
Puffed Wheat	1 cup	2
Spinach	1/2 cup	45
Green Beans	1/2 cup	3
Celery	1/2 cup diced	60
Carrots	1/2 cup diced	50
Salt	1/4 tsp.	400
Sauerkrat	2/3 cup	750
Hot Dog	1 average	545
Pickle, dill	1 large	1890
Olives	2 medium	310
Cheese		
American Cheddar	1 oz.	200
Processed American	1 oz.	318
Cheese Spread	1 oz.	455
Cottage - creamed	1 oz.	65
Special K	1 cup	195
Grapenuts	1/2 cup	375
Cream of Wheat, cooked	1 cup	95
Peanut Butter, unsalted	1 T.	20
Peanut Butter, regular	1 T	80
Catsup	1 T.	188
Mustard, prepared	1 tsp.	65
Tomato Juice, regular canned	1/2 cup	200
Bouillon Cube, regular	1 cube	425

HIGH-SODIUM VEGETABLES:

Food	Amount	Sodium (mg)
Artichokes	1	46
Beet greens	1 cup	110
Beets	1 cup diced	81
Carrots	1 cup sliced	51
Celery	1 cup diced	151
Chard	1 cup	125
Collards	1 cup	36
Dandelion greens	1 cup	46
Hominy (corn grits)	1 cup cooked	502
Kale	1 cup	47
Mustard greens	1 cup	25
Olives, green pickled	10 large	926
Olives, rip	10 extra large	385
Pickles, dill	1 medium	928
Pickles, sour	1 medium	879
Sauerkraut	1 cup	1,755
Spinach	1 cup cooked	90
Turnips	1 cup cubed	53
Spinach	2 ounces raw	40

PROCESSED FOODS USED FOR SEASONING THAT DO CONTAIN HIGH AMOUNTS OF SODIUM:

Catsup
Soy Sauce
Worcestershire Sauce
Chili Sauce
Monosoium Glutamate
Meat Tenderizer
Flavored Seasoning Salt
Bouillon Cubes

HOW TO SEASON YOUR FOOD WITHOUT SALT:

Meat, Fish and Poultry

BEEF -- Bay leaf, dry mustard powder, green pepper, marjoram, fresh mushrooms, nutmeg, onion, pepper, sage, thyme.

CHICKEN -- Green pepper, lemon juice, marjoram, fresh mushrooms, paprika, parsley, poultry seasoning, sage, thyme.

FISH -- Bay leaf, curry powder, dry mustard powder, green pepper, lemon juice, marjoram, fresh mushrooms, paprika.

LAMB -- Curry powder, garlic, mint, mint jelly, pineapple, rosemary.

PORK -- Apple, applesauce, garlic, onion, sage.

VEAL -- Apricot, bay leaf, curry power, ginger, marjoram, oregano.

Vegetables

GREENS -- onion, pepper, vinegar.

PEAS -- Green pepper, mint, fresh mushrooms, onion, parsley.

POTATOES -- Green pepper, mace, onion, parsley.

RICE -- Chives, green pepper, onion, paprika, parsley.

ASPARAGUS -- Garlic, lemon juice, onion, vinegar.

CORN -- Green pepper, pimiento, fresh tomato.

CUCUMBERS -- Chives, dill, garlic, vinegar.

GREEN BEANS -- Dill, lemon juice, marjoram, nutmeg, pimiento.

TOMATOES -- basil, marjoram, onion, oregano.

SODIUM CONTENT OF SOME SELECTED MEDICINES

Item	Amount	Na (mg)
Cherocol Syrup	1 tsp.	10
Vicks Formula 44	1 tsp.	51
Gelusil	1 tablet	5
Rolaids	1 tablet	53
Di-Gel	1 tablet	7
Gaviscon	1 tablet	18
Metamucel	1 rounded teaspoon	7
Correctal	1 tablet	8
Alka-Seltzer	1 tablet	532

SALT SUBSTITUTES

Item	Potassium/GM		Sodium/GM	
	mg.	mEq	mg.	mEq
Co-salt	476	12.18	1	0.06
Adolph's salt substitute	333	8.51	2	0.09
Morton's salt substitute	493	12.62	1	0.06
Morton's Lite Salt	195	6.15	240	8.47
NaCl (table salt)	0	0.00	393	17.00

DIABETES

NOTE TO INSTRUCTOR

This unit contains the following sections:

I. What is Diabetes

II. Symptoms of Diabetes

III. Two Major Forms of Diabetes

IV. Treatment of Diabetes

- A. Food Exchanges
- B. Meal Plans
- C. Guidelines for a Diabetic Diet

V. Eating Away From Home

- A. Diabetic Exchanges for Fast Food Items
- B. Eating in Restaurants

The first three sections are intended to provide simple and non-technical information on diabetes and therefore may be of interest to a variety of individuals. Sections IV and V get into more specific information which probably will be of interest to only those with a personal interest in Diabetes.

It is suggested that someone within a nutrition background or a background knowledge of diabetes present this program.

WHAT IS DIABETES?

Diabetes is a disease in which the body is not able to make proper use of certain foods, specifically foods which contain carbohydrate or sugars and starches. Thought to be hereditary, diabetes is caused either by too little insulin or by a defect in the action of insulin. Insulin is a hormone produced by the pancreas, a large gland that lies behind the stomach.

Sugar is the energy fuel required by the body to maintain life. Insulin may be visualized as the spark needed by the body cells to burn this fuel. Without insulin, the body is unable to use the sugar fuel it needs. So despite the fact that he/she is eating plenty of food, the person who has diabetes is starving because their body isn't able to use the food he/she is eating.

In the normal person, eating causes a slight rise in the amount of sugar in the blood. This increase in blood sugar triggers the pancreas to produce and release insulin which in turn allows the body cells to use the sugar for fuel or energy.

In the diabetic, the body is deprived of some or all of the action of insulin. Consequently sugar cannot be stored or used in the body. Large amounts of sugar enter into the bloodstream, spill over into the urine and are discarded from the body. As a result, the body is deprived of the energy generated by sugar.

SYMPTOMS OF DIABETES

Diabetes has been called a "sneaky disease" since its symptoms are not always obvious and in some cases very few symptoms are present. In addition, the symptoms of diabetes can also be indications of entirely different disorders. The onset of severe diabetes is characterized by frequent urination, extreme thirst, and constant hunger. The kidneys must excrete increased amounts of water in an effort to remove the excess sugar from the blood, and this leads to frequent urination and extreme thirst. Also, since diabetics do not receive full nourishment from the foods they eat, they are constantly hungry. Other symptoms include tiring easily, losing weight, itching, and slow healing of wounds. Some cases are first discovered because of a succession of cuts and bruises that take abnormally long to heal or the development of eye problems such as blurred vision. Other symtoms may include feeling tired and weak, aching or numbness and tingling in fingers or toes. It is important to remember that there may be no signs at all.

TWO MAJOR FORMS OF DIABETES

The two major types of diabetes are generally termed as juvenile onset diabetes and adult onset diabetes.

The juvenile onset diabetic must depend on insulin injections. Individuals requiring insulin constitute about 20% of all of the known diabetes cases. This form of diabetes usually appears abruptly in childhood or early adulthood and can progress rapidly. However, it may appear in adults at any age who are at or below their ideal body weight. Juvenile onset diabetes is generally considered to be the more serious type of diabetes.

Juvenile onset diabetics must take daily insulin injections. It is also important that timing of meals and snacks are kept consistent from day to day. Individuals on insulin must avoid spans of time between meals that exceed five hours. Slowly absorbed or "complex" carbohydrates such as starches are preferred over rapidly absorbed "simple" carbohydrates such as sugars. For example whole wheat bread would be preferable to fruit juice as a bedtime snack.

Adult onset diabetes is the much more common form of the disease. It is milder in form and 90% or more of the persons who develop this are above their ideal weight range when it is diagnosed. The most important treatment for those diabetics not requiring insulin is control of food or calorie intake. Every effort should be made to achieve and maintain ideal body weight. There is often remarkable improvement in blood and urine tests within days after the diabetic patient starts eating a low calorie diet.

SUMMARIZATION OF TWO MAJOR FORMS OF DIABETES

Adult Onset Diabetes (non-insulin dependent)	Juvenile Diabetes (insulin dependent)
*More common-less abrupt in onset. *Usually occurs in overweight adults.	*Less common-more abrupt onset. *Occurs most often during childhood or teen years.
*Once in control-it often can be managed by careful diet and exercise alone. Insulin therapy or medication may be needed if blood sugar levels are consistently too high.	*Insulin therapy is almost always necessary in addition to diet control and proper exercise.

TREATMENT OF DIABETES

Although diabetes cannot be cured, most diabetics can control their diabetes and lead nearly normal lives. The basic treatment consists of a carefully regulated diet with or without medication. Not all diabetics require medication; but all diabetics must control their diet and balance their activity with it. The diabetic who carefully adheres to the recommended treatment can expect to prolong life and decrease complications of the disease.

There are three possible regimes for control of diabetes.

1. Diet alone.
2. Diet and medication taken by mouth.
3. Diet and insulin injections.

All three regimes have the diet in common.

Many adult onset diabetics and almost everyone who develops diabetes in childhood, adolescence or young adulthood must take insulin. During a time of stress on the body such as illness, infection or injury diabetics who are ordinarily being treated with diet alone or by oral medication may have to take insulin. Insulin is only effective when given by injection and cannot be taken by mouth. Children as young as 8-9 years of age learn to give themselves insulin injections. Once the initial fear of the needle is overcome the insulin injection becomes a simple routine part of the diabetics day.

Diabetes medications which are taken in pill form also only control rather than cure diabetes. These oral medications lower the blood sugar by stimulating the pancreas to release more insulin into the bloodstream. These can only be effective on persons who still have a functioning pancreas. Medications taken by mouth when combined with proper diet may control some adult onset diabetes.

The right foods in the right amounts at the right time are the key to a diabetics well being. The diabetic diet is not especially different from any normal well balanced diet. However, proper amounts of meat, fish, cheese, eggs, vegetables and fruits, breads and cereals, milk, butter and fats are of first importance. The exact amounts

of these foods are decided by the doctor or dietitian according to the patients age, height, and ideal weight; the degree of physical activity; the severity of the diabetes; and the medication taken. The diet is made simple by the use of exchange lists. The calories allowed in the diet are divided up into food exchanges at the meals and any needed snacks. (Exchange list handout.)

INSTRUCTOR'S NOTE:

REVIEW EXCHANGE LISTS AND SAMPLE MEAL PLAN FOR AN 1800 CAL. DIET. EXPLAIN THERE ARE MANY DIFFERENT WAYS TO FORMULATE AN 1800 CALORIE DIET. A PERSON COULD BE ON 1800 CALORIES AND HAVE A MUCH DIFFERENT DIET. (SAMPLE MENU PLAN.)

It is very important that foods are either weighed or measured to maintain balance in the diet. Correct foods eaten in the wrong amount can be as harmful as eating foods which aren't allowed.

Since 85% of adult diabetics are overweight, they must carefully watch the calories in their diet. Reducing to normal weight can greatly improve the diabetic's physical condition and sometimes weight loss down to normal weight may enable the diabetic to stop taking his medication. Mild cases of diabetes, expecially in elderly people, can be controlled by diet alone. Each diabetic presents a special diet problem - it is very important that a person follow his own doctors advice. It can be very dangerous to attempt to follow another diabetics diet or take his medication.

Because the amount and frequency of a persons insulin dose is related closely to food intake, it is important to eat regularly at the recommended times. A three meal a day plan is usually perscribed, and between meal and bedtime snacks may also be recommended in some cases. (Handout - Guildelines for Diabetic Diet.)

Foods allowed in reasonable amounts

Seasonings: Celery salt, cinnamon, garlic, garlic or onion salt, horseradish, lemon, mint, mustard, nutmeg, parsley, pepper, noncaloric sweeteners, spices, vanilla, and vinegar.

Other Foods: Coffee or tea (no sugar or cream), diet beverage without sugar, fat-free broth, bouillon, unflavored gelatin, artificially sweetened fruit-flavored gelatin, sour or dill pickles, and cranberries or rhubarb (without sugar).

List 1 milk values

Each portion supplies approximately 12 gm of carbohydrate and 8 gm of protein; the fat content and total calories vary with the type of milk. (One fat exchange equals 5 gm of fat.)

	measurement	fat exchanges	calories
Milk			
Buttermilk	1 cup	—	80
Evaporated, undiluted			
Skim	½ cup	—	80
Whole	½ cup	2	170
Nonfat dry milk mixed according to directions on box	1 cup	—	80
Nonfat dry milk powder	⅓ cup	—	80
Skim	1 cup	—	80
1% butterfat	1 cup	½	107
2% butterfat	1 cup	1	125
Whole	1 cup	2	170
Yogurt, plain, made with skim milk	1 cup	—	80

If substitution for the milk indicated in the diet plan is desired, either choose a milk product that contains the same number of fat exchanges or allow for the difference in the meal plan. For example, if the diet plan calls for 1 cup of skim milk (no fat exchange), substitute 1 cup of 2% milk by omitting one fat exchange.

List 2 vegetable exchanges

Each portion (except for vegetables marked with an *) supplies approximately 5 gm of carbohydrate and 2 gm of protein, or 25 calories. One serving equals ½ cup.

Asparagus
Beans, green or yellow
Bean sprouts
Beets
Broccoli
Brussels sprouts
Cabbage
Carrots
Cauliflower
Celery
*Chicory
*Chinese cabbage
Cucumbers
Eggplant
*Endive
*Escarole
Greens: beet, chard, collard, dandelion, kale, mustard, spinach, turnip
*Lettuce
Mushrooms
Okra
Onions
*Parsley
Peppers, green or red
*Radishes
Rutabagas
Sauerkraut
Squash, summer
Tomatoes
Tomato juice
Turnips
Vegetable juice cocktail
*Watercress
Zucchini

*May be used as desired.

List 3 fruit exchanges

(Fresh, dried, or frozen or canned without sugar or syrup)

Each portion supplies approximately 10 gm of carbohydrate, or 40 calories.

	measurement
Apple	1 small (2" diam.)
Apple juice or cider	⅓ cup
Applesauce	½ cup
Apricots, fresh	2 med.
Apricots, dried	4 halves
Banana	½ small
Berries (boysenberries, *blackberries, blueberries, raspberries)	½ cup
Cantaloupe	¼ (6" diam.)
Cherries	10 large
Dates	2
Figs, fresh	1 large
Figs, dried	1 small
Fruit cocktail	½ cup
Grapefruit	½ small
Grapefruit juice	½ cup
Grapes	12
Grape juice	¼ cup
Honeydew melon	⅛ (7" diam.)
Mandarin oranges	¾ cup
Mango	½ small
Nectarine	1 small
Orange	1 small
Orange juice	½ cup
Papaya	¾ cup
Peach	1 med.
Pear	1 small
Persimmon, native	1 med.
Pineapple	½ cup
Pineapple juice	½ cup
Plums	2 med.
Prunes	2 med.
Prune juice	¼ cup
Raisins	2 tbsp
Strawberries	¾ cup
Tangerine	1 large
Watermelon	1 cup

List 4 bread exchanges

Each portion supplies approximately 15 gm of carbohydrate and 2 gm of protein, or 70 calories.

	measurement
Bread, French, raisin (without icing), rye, white, whole-wheat	1 slice
Bagel	½
Biscuit, roll	1 (2" diam.)
Bread crumbs, dried	3 tbsp
Bun (for hamburger or wiener)	½
Cornbread	1" x 2" x 2"
English muffin	½
Muffin	1 (2" diam.)
Cake, angel or sponge, without icing	1½" cube (⅙ of 10"-diam. cake)
Cereal, cooked	½ cup
Dry (flakes or puffed)	¾ cup
Cornstarch	2 tbsp
Crackers, graham	2 (2½" sq)
Oyster	20 (¼ cup)
Round	6
Rye wafer	3 (2" x 3½")
Saltine	6
Variety	5 small
Flour	2½ tbsp
Matzoth	1 (6" diam.)
Popcorn, popped, unbuttered, small-kernel	1¼ cups
Pretzels (3-ring)	6
Rice or grits, cooked	½ cup
Spaghetti, macaroni, noodles, cooked	½ cup
Tortilla	1 (6" diam.)
Vegetables	
Beans, baked, without pork	¼ cup
Lima, navy, etc., dry, cooked	½ cup
Corn	½ cup
Corn on the cob	½ med. ear
Parsnips	⅔ cup
Peas, dried (split peas, etc.) or green, cooked	½ cup
Potatoes, sweet, or yams, fresh	¼ cup
White, baked or boiled	1 (2" diam.)
White, mashed	½ cup
Pumpkin	¾ cup
Squash, winter (acorn or butternut)	½ cup
Wheat germ	¼ cup

List 5 meat exchanges

Each portion supplies approximately 7 gm of protein and 5 gm of fat, or 75 calories.

	measurement
Cheese, cheddar, American, Swiss	1-oz slice (3½" sq, ⅛" thick)
Cottage	¼ cup
Egg	1
Fish and seafood	
Halibut, perch, sole, etc.	1-oz slice (4" x 2" x ¼")
Oysters, clams, shrimp, scallops	5 small
Salmon, tuna, crab	¼ cup
Sardines	3 med.
Meat and poultry	
Beef, lamb, pork, veal, ham, liver, chicken, etc. (med. fat)	1-oz slice (4" x 2" x ¼")
Cold cuts	1½-oz slice (4½" sq, ⅛" thick)
Vienna sausages	2
†Wiener	1 (10 per lb)
Peanut butter (omit two additional fat exchanges)	2 tbsp

†Limit wieners to one exchange per day.

List 6 fat exchanges

Each portion supplies approximately 5 gm of fat, or 45 calories.

	measurement
Avocado	⅛ (4" diam.)
Bacon, crisp	1 slice
Butter or margarine	1 tsp
Cream, half-and-half	3 tbsp
Heavy, 40%	1 tbsp
Light, 20%	2 tbsp
Sour	2 tbsp
Cream cheese	1 tbsp
Dressing, French	1 tbsp
Italian	1 tbsp
Mayonnaise	1 tsp
Mayonnaise-type	2 tsp
Roquefort	2 tsp
Nuts	6 w/all
Oil or cooking fat	1 tsp
Olives	5 small

Miscellaneous foods

The following foods may be used if you wish, but they must be figured into the daily diet plan, with the food exchanges allowed as indicated.

	measurement	exchanges
Fish sticks, frozen	3 sticks	1 bread, 2 meat
Fruit-flavored gelatin	¼ cup	1 bread
Ginger ale	7 oz	1 bread
Ice cream, vanilla, chocolate, strawberry	½ cup	1 bread, 2 fat
Low-calorie dressing, French or Italian	1 tbsp	—‡
Potato or corn chips	10 large or 15 small	1 bread, 2 fat
Sherbet	½ cup	2 bread
Vanilla wafers	6	1 bread
Waffle, frozen	1 (5½")	1 bread, 1 fat

‡The fat and calorie content do not have to be counted if the amount is limited to 1 tablespoonful.

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BEST COPY AVAILABLE

Name: John Doe
Diet: 1800 CAL Diabetic
Date: _____

YOUR MEAL PLAN
Sample Menu

* - This is only an example of one 1800 CAL diet. If you have diabetes you should follow your own personal plan PERSCRIB by your doctor.

Breakfast 7 AM
1 Fruit = 1/2 cup Unsweetened Orange Juice.
3 Bread ~~Starch~~ 1/2c. Cooked Oatmeal & 2 sliced toast
0 Meat
2 Fat 2 teaspoons margarine
1-Skim Milk 1 cup Skim Milk (8 oz.)

Morning Snack: 10 AM.
1 Fruit Exchange. -

Lunch 12 Noon
2 Meat 2 oz. broiled lean beef patlie.
2 Starch 1 hamburger bun (this equals 2 breads)
1 Vegetable 1/2 cup tomato slices on lettuce leaves.
1 Fruit 1 small fresh apple or 1/2 cup unsw. applesauce.
2 Fat 2 tsp. mayonaise.
0 Milk

Afternoon Snack:

Dinner 5 pm.
3 Meat 3 ounces baked chicken - skin removed
2 Starch 1/2 cup mashed potatoes & 6 vanilla wafers
1 Vegetable 1/2c. cooked carrots
1 Fruit 2 unsw. peach halves
2 Fat 2 tsp. margarine
1-Skim Milk 1 cup Skim Milk - (8 oz)

FREE Exchange - 1/2c. lettuce
2 TSP low-CAL Dressi

Evening Snack: 10 pm.
1 Bread - 1 slice bread
1 Fat - 2 tsp SALAD dressing
1 Meat - 1 slice roast beef
1 Fruit - 1/2 cup grapefruit juice

} Sandwich - Add lettuce if desired

Name: _____

Diet: _____

Date: _____

YOUR MEAL PLAN

Sample Menu

Breakfast _____ Fruit _____

_____ Starch _____

_____ Meat _____

_____ Fat _____

_____ Milk _____

Morning Snack: _____

_____

Lunch _____ Meat _____

_____ Starch _____

_____ Vegetable _____

_____ Fruit _____

_____ Fat _____

_____ Milk _____

Afternoon Snack: _____

_____

Dinner _____ Meat _____

_____ Starch _____

_____ Vegetable _____

_____ Fruit _____

_____ Fat _____

_____ Milk _____

Evening Snack: _____

_____

GUIDELINES FOR A DIABETIC DIET

1. Eat at least three meals a day at regular intervals. DO NOT skip any meals.
2. Avoid overeating and undereating. Eat only the meals and any snacks planned for you.
3. Use lean meats that are prepared by roasting, baking, stewing or charcoaling. Avoid frying foods.
4. Prepare meats and vegetables without the addition of flour, breadings.
5. Use fresh fruit or unsweetened canned fruit. If sweetened canned fruit must be used, drain off the syrup and rinse the fruit with cold water.
6. "Dietetic" food does not necessarily mean the food is intended for diabetics or can be eaten in unlimited amounts. Always consult a dietitian before using dietetic foods in your diet.

YES YES YES YES	NO NO NO NO
Coffee, tea, decaffeinated coffee	Sugar (brown or white)
Bouillon, broth, consomme without fat	Jam and jelly
Unsweetened gelatin	Candy and coughdrops
Unsweetened pickles	Malts and milkshakes
Diet carbonated beverages	Lemonade and limeade made with sugar
Artifical sweeteners	Sweetened juice or drinks including Tang, Hi-C, Wylers, Kool-aid, Funny Face
Flavoring Extracts: vanilla, lemon, almond, maple, peppermint, orange, walnut	Cake and cookies
Salt and pepper	Pies and pastries
Lemon and lime juice	Sweet rolls and coffee cakes
Mustard and vinegar	Carbonated beverages
Cranberries or rhubarb without sugar	Alcohol, beer, wine
Herbs: basil, bayleaf, chives, dill, mint, oregano, parsley, rosemary	Syrup and honey
	Molasses and sorghum
Spices: allspice, cinnamon, curry, ginger, nutmeg, paprika, dry mustard, chili powder, garlic	Cheese curls and potato chips
	Sugar coated cereals
	Sweetened condensed milk

EATING AWAY FROM HOME

Dining out in restaurants or in friends homes is no great problem for a person with diabetes. It may be a little harder to follow your prescribed diet plan away from home, but you can do it when you learn your food exchange plan. Substituting can be done at a glance once you've had enough practice with the measuring cups and spoons. Try to be very accurate when you estimate your portion sizes. Remember it's no crime to leave food on your plate. Restaurant meat portions are often very large, it is perfectly acceptable to request a dogie bag and use the extra meat for another meal. Avoid dishes, casseroles and mixtures which contain ingredients you're not sure of. If you enjoy eating out frequently, it is a good idea to find restaurants where foods served come closest to your diet. If in doubt about foods, ask questions regarding what they contain or how they are prepared.

DIABETIC EXCHANGES FOR FAST FOOD ITEMS

Food Item (per serving)	Exchange Value
McDONALDS	
Egg McMuffin	2½ breads, 2 meats
Scrambled Egg	2 Meats
English Muffin	2 Breads
Hot Cakes with Butter	3 Breads, 1 Fat
Pork Sausage Patty	1 Meat, 3 Fats
Hamburger	2 Breads, 2 Meats
Cheeseburger	2 Breads, 2 Meats
¼ lb. Hamburger	2 Breads, 3 Meats, 1 Fat
¼ lb. Cheeseburger	2½ Breads, 4 Meats, 1 Fat
Big Mac	3 Breads, 3 Meats, 3 Fats
Fillet of Fish	2½ Breads, 2 Meats, 2 Fats
French Fries (regular)	2 Breads, 2 Fats
*Apple Pie	2 Breads, 3 Fats
*Chocolate Shake	1 Milk, 2½ Breads
*Strawberry Shake	1 Milk, 2½ Breads
*Vanilla Shake	1 Milk, 3 Breads

*Persons with diabetes are discouraged from eating the apple pie and milk shakes. The carbohydrate in these items is derived chiefly from sugar. It is quickly absorbed resulting in an abrupt peaking of the blood sugar.

PIZZA HUT

The values for ¼ of a 10 inch Pizza with any one of the following toppings: Beef, cheese, pork, pepperoni, or supreme, with either a standard or "thin n' crispy" crust are 2 bread and 1½ meat exchange.

EATING IN RESTAURANTS

Dining out in restaurants or at the homes of friends is an integral part of American life and an event in which the diabetic will most certainly wish to participate. By the time a diabetic has followed his meal plan for a few months or years he/she will have little trouble selecting foods which will best meet his/her needs from those available. For the diabetic who is just learning to follow a regular pattern the suggestions below may be helpful.

FOODS	DO	DON'T
Appetizers	Order vegetable juices, unsweetened fruit juices, clear broth, bouillon, consomme, fresh vegetables, dill pickles, fresh fruit cocktails.	Order canned fruit; fish meat cocktails or appetizers (unless you plan to eat a smaller portion of meat for your main dish).
Salads	Order vegetable or fresh fruit salads without dressing already added. Use lemon wedge or vinegar. Order dressing to the side.	Order salad mixtures with unknown dressings or jello mixtures, or canned fruit.
Vegetables	Order them stewed, steamed or boiled.	Order them creamed, escalloped, au gratin, fried, or sauteed.
Potatoes	Order them mashed, baked, boiled or steamed.	Order home-fried, french fried, browned, creamed or escalloped.
Breads	Order any kind of bread, sliced in the average thickness, hard or soft rolls (watch size), plain muffins, biscuits, crackers, or corn bread.	Order sweet rolls, coffee cake, or Danish pastry.
Meat, Fish or Fowl	Order them roasted, baked, boiled or broiled. Trim off extra fat.	Order them fried, grilled, sauteed, stewed, braised, breaded, or with gravy or bacon.
Eggs	Order them soft or hard cooked or poached.	Order them fried or scrambled.
Fats	Order butter, salad dressings, bacon and cream according to the fat exchanges on your meal plan.	Order gravy, fried foods, food with cream sauces, salads with oils or dressing already mixed in them.

If you see foods with special names (Chicken Supreme, Smithfield Special, etc.) ask the waitress what is in the dish and how it is made. For dessert, fresh fruit is always a good selection.

CONCLUSION

Perhaps no disease places more responsibility on the patient for personal treatment than does diabetes. You must be able to accept the fact that you have the disease and that you and only you can control the diet and medication. Diabetes can be controlled but you must commit yourself to controlling it. If you have questions about your diabetes, get your answers from qualified healthcare professionals who know and understand your practical case.